

**STAFF BENEFIT FUND
CLW/CHITTARANJAN**

No. MW/Wel/Ed/C(ii)

Dated: 16.01.2020

ALL CONCERNED

Sub: SBF grant to Physically/Mentally Challenged wards who cannot Perform anything without assistance of somebody.

It has been decided to grant @ Rs 500/- p.m from SBF to the Physically/Mentally Challenged wards of Non Gazetted CLW employees for the financial year 2019-20.

Applications are invited from CLW employees duly certified by CMO/KGH/Chittaranjan whose wards are Physically/Mentally Challenged and cannot perform anything without assistance of somebody.

Kindly submit the application form along with the physically handicapped certificate duly recommended by CMO/KGH within 10.02.2020 Positively.

This may be given wide publicity amongst the staff.

N.B. Notice & forms are also available at www.clw.indianrailways.gov.in-----
"News & Recruitment" ----- "Important Notice"

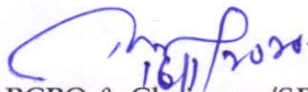


Assistant Welfare Officer
& Secretary/SBFMC

Copy to:

1. PCPO & Chairman/SBFMC
2. PCE
3. PCMO
4. Sr. AFA/A
5. Sr. PRO - With the request to publish the same in CLW Gazette.
6. Jt. Secretary/Staff Council
7. Member/Staff Council.

} For kind information.



For PCPO & Chairman/SBFMC

CLW/CHITTARANJAN

APPLICATION FOR PHYSICALLY/MENTALLY CHALLENGED WARDS WHO CANNOT PERFORM ANYTHING WITHOUT ASSISTANCE OF ANYBODY

Notice No.MW/WEL/Ed./C(ii)

Dated:- . .2020

1.	Name of the Employee			
2.	Designation		T/No.	
3.	Office		No. of Children	Mobile No.
4.	Control No.		Bill Unit No.	Community (SC/ST) (enclose certificate)
5.	Basic Pay		5.a	Level as per 7 th CPC
6.	Amount received in last year from SBF			
7.	Name of the child			
8.	Relationship (Daughter/Son)		Percentage of disability (Enclose photocopy of certificate	
9.	Class in which reading or the name of the course pursuing and year of study (i.e 1 st year or 2 nd year etc.)			

10. Details of the Bank Account held by the Employee (Photocopy of 1st page of Bank Pass Book)

Name of the Account Holder		Account Number		Bank Branch & IFSC code	
----------------------------	--	----------------	--	-------------------------	--

I do hereby declare that the information furnished above are true to the best of my knowledge and I am liable for disciplinary action, if any of the information furnished above proved to be incorrect /false at any point of time/later stage.

No. of enclosure:
Date

Signature of the employee

The particulars furnished above are true and his /her case is forwarded for consideration.

Signature of controlling officer/In-charge with official seal