

**STAFF BENEFIT FUND
CLW/CHITTARANJAN**

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

Dated: 16 .01.2020

ALL CONCERNED

Sub: SBF grant to Physically/Mentally Challenged student wards.

It has been decided to grant reimbursement of conveyance charge @ Rs 500/- p.m from SBF to the Physically /mentally challenged wards of Non Gazetted CLW employee who were student of ASHA KIRAN/Chittaranjan and any other school/college/institution during the financial year 2019-20.

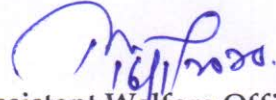
Application are invited from CLW employees whose wards are Physically /mentally challenged and studying at ASHA KIRAN/Chittaranjan or attending any other school/college/institution during the F.Y 2019-20 as a regular student .

The application form along with bonafide certificate and physically handicapped certificate of the student ward should be submitted to the Welfare section of Dy.CPO(W)'s office within 10.02.2020.

This may be given wide publicity amongst the staff.

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

**APPLICATION FOR REIMBURSEMENT OF CONVEYANCE CHARGE FROM
SBF FOR PHYSICALLY/MENTALLY CHALLENGED STUDENT WARDS**

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.	Name of the school/College/Institution where studying during F.Y 2015-16			
10.	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.)			

11. 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	
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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



TO WHOM IT MAY CONCERN

This is to certify that Sri/Km. _____
Son/Daughter of _____ is a bonafide student
of this Institution and undergoing the course of _____.

He/She is the student of _____ year of _____ Semester.

The total duration of the course is _____ years. He/She is not enjoying any
financial assistance/Scholarship from this Institution during the year _____.

Further the following particulars are certified.

1. Date of Admission : _____
2. Session beginning from the month : _____
3. Month and year of completion of course: _____
(In case of final year student only)
4. Whether the Institute is recognized/by : _____
any eminent University.

Signature of Principal/In-charge with office seal

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