

**STAFF BENEFIT FUND
CLW/CHITTARANJAN**

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

Dated: 14.09.2020

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 2020-21.

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 17.10.2020 Positively.

This may be given wide publicity amongst the staff.

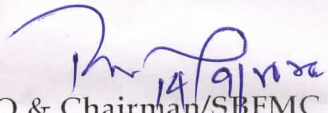
N.B. Notice & forms are also available at www.clw.indianrailways.gov.in-----
"News & Recruitment" ----- "Important Notice"


Assistant Welfare Officer
& Secretary/SBFMC

Copy to:

1. PCPO & Chairman/SBFMC
2. PCE
3. PCMO
4. Sr. AFA/4
5. Jt. Secretary/Staff Council
6. 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:-14.09.2020

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	
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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:

1. Physical Handicapped certificate
2. Xerox copy of Medical Identity Card
3. Xerox copy of last Pay Slip
4. Xerox copy of first page of Bank Pass Book

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