

CLW/CHITTARANJAN

No:- MW/Wel/SBF/SPECT

Dated:- 28 .01.2020

ALL CONCERNED

Sub:- Assistance from SBF for purchase of spectacles for the year 2018-19

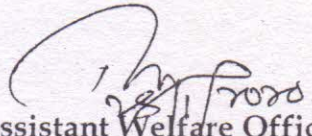
It is notified that assistance from the Staff benefit Fund (SBF) is available at the rate of Rs 750/- or the actual cost of the spectacles whichever is less for purchase of spectacles to the employee and his /her family members once in three(3) years .

The assistance is admissible to all non-gazetted staff subject to availability of fund who was purchased spectacles during the period 01.04.2018 to 31.03.2019.

The employee seeking such assistance should collect the specified format available in Welfare section of Dy.CPO(W)'s office, GM's office, APO/SF's office and submit the same duly filled in all respect along with the attested photocopies of Medical Identity card, Doctor's Prescription slip and original copy of the cash Memo to the Welfare section of Dy.CPO(W)'s office.

The last date for receipt of the application form is 28.02.2020. No application form will be entertained after the scheduled date of 28.02. 2020. Notice & Form are also available at www.clw.indianrailways.gov.in → "News & Recruitment" → "Important Notice".

This may be given wide publicity amongst the staff.


Assistant Welfare Officer &
Secretary/SBFMC

Copy to:

1. PCPO& Chairman/SBFMC
2. PCMO/KGH
3. PCEE /CLW
4. PFA/CLW

} For kind information.


For PCPO & Chairman/SBFMC

**STAFF BENEFIT FUND
CLW/CHITTARANJAN**

APPLICATION FOR ASSISTANCE FROM SBF TOWARDS COST OF SPECTACLES

Notice No. MW/WEL/SBF/SPECT Dated:- 28.01.2020

1.	Name of the Employee					
2.	Designation		T/No.			
3.	Control No.		Bill Unit No.		Community SC/ST	
4.	Basic Pay		Whether assistance received for self /family member in last three years			
5.	For whom assistance is required					
6.	Date of purchase of Spectacles					
7.	Cash Memo No. & Amount (ORIGINAL CASH MEMO TO BE ENCLOSED)					
8.	Medical Identity Card No. (Photocopy of Medical Identity card to be enclosed)		Mobile No.			

Details of the bank account of the employee
Photocopy of first page of bank passbook to be enclosed)

Account number		IFSC	
Bank & Branch			

I declare that I have not claimed assistance from SBF towards the cost of spectacles during the last 03 (three) Financial Years. The particulars furnished by me above are true and I am liable for disciplinary action if proved untrue.

Enclosures:

1. Original Cash Memo
2. Xerox copy of prescription
3. Xerox copy of Medical Identity Card
4. Xerox copy of Pay Slip
5. Photocopy of first page of bank passbook to be enclosed

Date:

Signature of Applicant

Forwarded to AWO & Secy./SBFMC – Certifying the above particulars.

Signature of Section In-charge

Signature of Controlling Officer