

ANNEXURE – A**CENTRAL STAFF BENEFIT FUND-2021-2022****APPLICATION FOR FINANCIAL ASSISTANCE TOWARDS TRAINING FOR
DEVELOPING OCCUPATIONAL SKILLS OF PHYSICALLY / MENTALLY CHALLENGED
RAILWAY EMPLOYEES**

| | | | | | | | |
|-----|---|---|-----------------|---------|-----------|----|----|
| 1. | Name of applicant (S/Shri/Smt/Ms.) | : | | | | | |
| 2. | P.F. No. / Staff No. | : | | | | | |
| 3. | Bill Unit No. | : | | | | | |
| 4. | Designation/Office/Station | : | | | | | |
| 5. | Level in VII PC Pay Matrix & Grade Pay | : | Level | Pay Rs. | Grade Pay | | |
| | | | | | | | |
| 6. | Telephone No. | : | Railway | | Mobile | | |
| | | | | | | | |
| 7. | Whether the employee belongs to SC/ST/OBC/UR/PH ✓ (Tick relevant column) | : | SC | ST | OBC | UR | PH |
| | | | | | | | |
| 8. | Whether special equipment like wheel chair, other aides, special software etc are required. | : | YES | | NO | | |
| | | | | | | | |
| 9. | Nature/Extent of disability (Mention %) | : | Nature | | Extent % | | |
| 10. | Cost of equipment | : | Rs. | | | | |
| 11. | Whether original bills are submitted (Bills pertaining to year 2020-2021 only) | : | Number of Bills | | | | |
| | | | Date of Bills | | | | |
| | | | Amount | | | | |
| 12. | Any other reason for claim | : | | | | | |
| 13. | Total amount claimed | : | Rs. | | | | |

Date:

Signature of the employee:
Designation / Station:**CERTIFICATE BY DEPARTMENT**

The particulars furnished above have been checked and found correct. Original bills have been verified.

Forwarded to the Chairman/CSBF Committee, Headquarters Office, Chennai-600 003 for consideration.

Office Seal:

Signature & Designation
of the Controlling Officer :

Date :

(Please ensure that all the particulars called for is filled without any overwriting)

ANNEXURE - B**CENTRAL STAFF BENEFIT FUND- 2021-2022****APPLICATION FOR FINANCIAL ASSISTANCE TOWARDS DEVELOPING
OCCUPATIONAL SKILLS OF PHYSICALLY / MENTALLY CHALLENGED WARDS**

| | | | | | | | |
|------|---|---|---------------------------|-----|-----------|--------------------------------|----------|
| 1. | Name of applicant (S/Shri/Smt/Ms.) | : | | | | | |
| 2. | P.F. No. / Staff No. | : | | | | | |
| 3. | Bill Unit No. | : | | | | | |
| 4. | Designation/Office/Station | : | | | | | |
| 5. | Level in VII PC Pay Matrix & Grade Pay | : | Level | Pay | Grade Pay | | |
| 6. | Telephone No | : | Railway | | Mobile | | |
| 7. | Whether the employee belongs to SC/ST/OBC/UR ✓ (Tick relevant column) | : | SC | ST | OBC | UR | PH |
| 8. | Name , Date of Birth & Age of the disabled Ward | : | Name of the Ward | | Age | DOB | |
| 9. | Relationship to the Employee | : | Daughter | | Son | Dependent | |
| 10. | Nature & Extent of Disability (Mention %) | : | Nature | | | | Extent % |
| 11. | Whether the ward is School Going or not (Tick relevant column) | : | Yes | | | No | |
| 11.a | If Yes, School Bonafide Certificates pertaining to year 2020-2021 only along with original Fee Receipts | : | School Bonafide 2020-2021 | | | Original Fee receipt 2020-2021 | |
| 12. | Whether special equipment like Wheel Chair, Other Aids, Special software etc are required/procured | : | Yes | | | No | |
| 12.a | Cost of Equipment | : | Rs. | | | | |
| 12.b | Whether original Bills are submitted (Bills pertaining to year 2020-2021 only) | : | Number of Bills | | | | |
| | | : | Date of Bills | | | | |
| | | : | Amount | | | | |
| 13. | Mention the details of Training for Occupational Skills for year 2020-2021 | : | | | | | |
| 13.a | Occupational Skills Certificate with course & Fee Details for year 2020-2021 | : | Occupational certificate | | | Original fee receipt | |

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| | | | | |
|------|--|---|---|-----------------|
| 14. | Whether the Ward is undergoing therapy | : | Yes | No |
| 14.a | Proof of Therapy with Bill for the year 2020-2021 | : | Certificate | Originals Bills |
| 15. | Government Certificate for Disability (issued after 01.04.2017) | : | | |
| 16. | Document enclosed (pertaining to year 2020-2021) | : | i. Govt Certificate of Disability- Yes/No ii. School Bonafide Certificate – Yes/No iii. Occupational Skills certificate- Yes/No iv. Proof for Therapy- Yes/No v. Fee Receipts and other Bills- Yes/No | |
| 17. | Is the application submitted for any other child. If Yes amount Claimed | | Yes | No |
| 18. | Total Amount Claimed | | Rs. | Rs. |

Date:

Signature of the Employee
Designation / Station :**CERTIFICATE BY DEPARTMENT**

The particulars furnished above have been checked and found correct. Original bills have been verified.

Forwarded to the Chairman / CSBF Committee, Headquarters Office, Chennai – 600 003 for consideration.

Office Seal:

Signature & Designation of the
Controlling Officer:

Date:

(Please ensure that all the particulars called for is filled without any overwriting)

