

EASTERN RAILWAY  
HEAD QUARTER AREA STAFF BENEFIT FUND COMMITTEE

APPLICATION FORM FOR ASSISTANCE TOWARDS RELIEF IN DISTRESS

To  
The Secretary  
HQ Area Staff Benefit Fund Committee  
Eastern Railway, Kolkata.

I, (Name in Block letters) -----

Designation-----Office-----Grade Pay ( prior to

MACP) Rs----- and Grade Pay (after MACP)-----Basic Pay Rs-----Rly.

Contact No.-----, beg to apply for an assistance of Rs.-----towards  
relief in distress on medical ground.

Reasons for application in details: a) Name of Patient-----

b) Relationship with the applicant-----c) Name of the disease, applied for -----

-----d) Name of the hospital where the treatment taken -----

-----e) Reason for non-availing Railway treatment -----

f) whether reimbursement made by Rly. Medical authority or under consideration-----

-----g)  
whether any amount received from other sources /Medicclaim etc. for the above treatment-----

(h) B.U. No. in full----- (i) P.F.No.in full-----

\*\* (Xerox copy of Pay Slip must be enclosed duly attested by Controlling Officer)

(Medical documents and current medical vouchers etc. from 12.9.20...and onwards in  
original along with the summary of the expenditure are to be attached with the form.)

\_\_\_\_\_  
Forwarding of the Controlling Officer

\_\_\_\_\_  
(Signature of the applicant)

N.B. Whether any assistance from SBF was received previously, if so, full particulars  
there of should be furnished.

Amount sanctioned-----Date of sanction-----

Application may be made for self or only one family member by 13.9.20....