

21
EASTERN RAILWAY
HEAD QUARTER AREA STAFF BENEFIT FUND OFFICE

No. HSBF/Meeting/Pt. IX

Kolkata dt. 01 .07.2020.

CAO (Admn)/CME/COM/CEE/PCE/CSTE/CCM/COS/CPRO/CMD,
DyCAO (TA),

CSC (RPF)/CAO (Con)/FA&CAO (Con)/CSTE (Con); DyCPO (Gaz)

DGM (G)/DyCPO (H)/DyCPO (RRC)-56, C. R. Avenue, Kol-12;

DyCPO(R)

Sr. RA/FP; Sr. Supdt (Ptg)/FPMS (W)/HWH-DCOS/HWH-DCOS/LLH-
DCOS/HLR; SPO (IR&W)/SPO (T)/SPO (M&E)

Sub: Grant towards Relief-in-distress on Medical Ground
for the staff of HQ Area from Staff Benefit Fund for
2020-21 .

Application are invited from the staff of HQ area in Grade Pay up to Rs. 4,600/- (Pay Level – 7), who have incurred expenditure for treatment of self or any one of their family member for sanctioning assistance from HQ area Staff Benefit Fund towards **Relief-in-distress on medical ground**, as per proforma enclosed, for the year 2020-21 by **30.9.2020**.

The current vouchers and medical documents in original along with summery of the expenditure should be attached with the applications.

D.A: AS above.

Bhagat
(B.R. Bhagat)

Secretary

HQ Area Staff Benefit Fund Committee

HEAD QUARTER AREA STAFF BENEFIT FUND OFFICE
APPLICATION FORM FOR ASSISTANCE TOWARDS RELIEF IN DISTRESS

(Last date of submission 30.9.2020)

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

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

Designation -----Office-----Basic Pay-----Pay
Level-----

Rly contact No/Mobile 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----- --c) Name of the disease-----

d)Name of the Hospital-----e) Reason for non-
availing Railway

treatment-----

f) Whether re-imbursement made by Railway or under consideration-----

g) Whether any amount received from other source/Mediclaim etc.-----

(Medical documents and current medical vouchers etc. from **October, 2019** onwards in original
along with summery of the expenditure are to be attached with the form)

(Signature of the applicant)

BILL UNIT NO.-----PF A/C NO.-----

(Xerox copy of Pay Slip must be enclosed)

Application is to be made for self & only one family member.