

EASTERN RAIWAY
HEAD QUARTER AREA STAFF BENEFIT FUND OFFICE

No. HSBF/Meeting/Pt. IX

Kolkata dt. 14.05.2024

PFA/PCME/PCOM/PCEE/PCE/PCSTE/PCCM/PCMM/ PCMD/ PCSC/PCSO
CAO (Con)/SDGM
CPO (A), CPO (IR), Secy.to GM, FA&CAO (Con)/CSTE (Con);
Dy CAO (TA); CPRO; Dy. Chief Stat. &Analy. Officer/DGM (G)/Chairperson (RRC) ;
DyCPO(Gaz); DGM(Rajbhasa); Dy.CWM/SW/HWH; Dy.CMM/LLH,BESY,HLR,
Dy.CM(Ptg&Sty) SMM/D/HWH: SPO (Admn): SPO (Engg)
APO (RP&PS) /LO (P); APO/Cord.; Secy to PCPO

Sub: Grant towards Relief-in-distress on Medical Ground
for the staff of HQ Area from Staff Benefit Fund for
2024-25.

Application are invited from the staff of HQ area in Grade Pay up to Rs. 4,800/- (Pay Level – 8), who have incurred expenditure for treatment of self or any one of their family member covered under pass rule for sanctioning assistance from HQ area Staff Benefit Fund towards **Relief-in-distress on medical ground**, as per proforma enclosed, for the year 2024-25 by **09.09.2024**.

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


(K. C.Das)
Dy. Chief Personnel Officer (NG)
&
Chairman
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 09.09.2024)

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

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

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

Pay Level-----

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-imburement made by Railway or under consideration-----

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

(Medical documents and current medical vouchers etc. from **01.12. 2023** 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)