



Southern Railway

No.T/P.641/DSBF/TPJ/2020-2020-2021

Divisional Office,
Personnel Branch,
Tiruchchirappalli,
Date: 21.04.2021.

All concerned

Sub: DSBF/TPJ2020-2021- Grant of financial Assistance to employees under various schemes- Calling for applications- reg

-X-X-X-X-

The applications for grant of assistance from DSBF/TPJ towards various schemes as detailed mentioned below for the year 2020-2021 are called for from eligible Railway employees of TPJ Division.

1. Scholarship for Higher Technical/Professional Diploma courses for wards of all **Non- Gazetted Staff.**
2. Grant of Cash Award to wards of Railway employees for their meritorious performance in the final exams of Class X or XII. (For securing 85% & above marks only for wards of all Non- Gazetted Staff) (2019-2020)
3. Grant of assistance towards purchase of Spectacles from all Non- Gazetted employees up to Grade Pay Rs. 4600/-. (2020-2021) (Only those who have not availed the assistance in the previous 2 years are eligible)
4. Grant of financial assistance for the period of Leave on Loss of Pay/Half Average on medical grounds for Non- gazette employees up to Grade Pay Rs. 4600/-

Application from for the above Scheme may be downloaded from Personnel Branch, TPJ Division website (Pettagam) www.pbtpj.in

The last date for receipt of applications are 21.05.2021.

Signed by S Saravanan
(S.SARAVANAN)
Assistant Personnel Officer
for Divisional Personnel Office, TPJ
Date: 22-04-2021 12:25:53
Recd. Office/TPJ

Copy to: AGS & DS/SRMU/TPJ, DS/SC&STREA/TPJ, DS/AIOBCREA/TPJ.

Application for Higher Technical / Professional Education -**DIPLOMA COURSES****For Wards of all Non-Gazetted Staff under TPJ Division**

(Maximum 2 children at a time only)

Affix Latest
passport size
photograph of the

(Photo to be attested
by Institution/College)

1.	Name of the employee	Designation			Office/Station			
2.	Date Of Appointment	Bill Unit			PF No.			
3.	VII PC Pay Matrix Level	Grade Pay Rs.			Pay Rs.			
4.	Whether the employee belongs to SC/ST/OBC/UR/PH (Tick relevant column)	SC	ST	OBC	UR	PH		
5.	Nama of the Ward	Gender	Data of Birth			Relationship with the Applicant		
6.	SB Account No. of Ward (Enclose copy of Pass Book)	A/c No.						
MICR No.								
IFSC No.								
7.	Residential Address							
8.	Telephone Nos		Rly.					
			Mobile					
9.	Name & address of the institution		Particulars of the course studying/ year			Duration of the course		
10.	Fee paid for the current year		Year 2020-2021			Amount Rs.		
11.	Details of other Scholarship and educational assistance from SBF or any other source.							

File No.SR-TPJ03PERS(SBF)/1/2021-welfare

12.	Has He /She applied for any other Scholarship under SBF for the current year , If so , give complete details thereof	Yes	No
13.	If any other child is getting Scholarship from SBF, Give details	Yes/No	

Certify that:

- a) No student other than my Son/daughter... (Name) is enjoying the educational aid that has been applied for.
- b) Particulars shown regarding my Son/daughter are as furnished by me in Pass declaration.
- c) All the details furnished above are true to the best of my knowledge and if found to be false in future, I shall be taken up under D&ARule.

Station! Signature of the Applicant: _____

Date: Designation _____

Certified that the particulars given against columns 1 to 13 are correct

Station:

Date: Signature & designation of the Supervisor with seal.

Certificate from the Educational Institution/College/University in which the Student is Studying

Certified that _____(student's name) is a bonafide student of this Institution _____(name of the Institution) and is at present studying in _____(name of the course) _____(discipline) (I/II/III/IV year during the academic year _____

Station _____

Date _____

Seal of the College /Institution

Signature of the Head of the Institution
with seal

**APPLICATION FOR GRANT OF CASN AWARD TO THE WARDS OF NON-GAZETTED
EMPLOYEES FOR THEIR MERITORIOUS PREFORMENCE IN THE
FINALEXAMS OF CLASS X OR XII
(ELIGIBILITY - SECURED 85 % MARKS AND ABOVE)**

NAME OF THE EMPLOYEE		DESIGNATION			OFFICE/STATION		
VII PC Pay Matrix Level		Pay Rs.	Grade Pay Rs.	Bill Unit No.	PF No.		
Whether the employee belongs to SC/ST/OBC/UR/PH (Tick(C) relevant column]		SC	ST	OBC	UR	PH	
Name of the Ward		Examination Passed (Tick as applicable)			Percentage of Marks Obtained Above 85%		
		Year	X Std	XII Std			

(Ward should have passed class X or XII in the previous academic year 2019-2020 & Attested copy of the mark sheet is to be enclosed)

I declare that the details given above are true and correct to the best of my knowledge and if found to be false in future. I shall be taken up under D&A rules,

Encl: Copy of Mark Shee1

(Signature of the applicant)

Design:

Office/Station:

Rly./Mobile Phone No:

Station:

Forwarded to DPO/TPJ for further action please.

(Signature of the Supervisor)

Station:

Design:

Date:

Office/Station

Office Seal

APPLICATION FOR ASSISTANCE FROM DSBF/TPJ FOR PURCHASE OF SPECTACLES
(FOR STAFF UPTO GRADEPAY Rs4600/- ONLY ELIGIBLE TO APPLY)

NAME OF EMPLOYEE		DESIGNATION		OFFICE/STATION	
CONTACT NO.		RLY.TELE.NO.		CELL NO.	
VII PC Pay Matrix Level	Pay	Grade Pay		PF No.	Bill UnitNo.
Rs	Rs.	Rs.			
Category	SC	ST	OBC	UR	Physically Handicapped
Tick as appropriate					

I wish to apply for assistance from HQSBF towards cost of Spectacle purchased by me.

DETAILS OF SPECTACLE PURCHASED				
Purchased from	Cost (Rs.)	Bill No. & Date	Enclosed in original (Tick)	
			Bill	Prescription

DECLARATION OF THE EMPLOYEE

- 1) I have not availed the above assistance in the previous 2 years
- 2) The particulars given above are true and correct to the best of my knowledge and if found to be false in future, I shall be taken up under D&A Rules.

Encl: Original Bill & Original Prescription.

Date:

Signature of applicant
Designation/office

Forwarded to DPO/TPJ for further action please

Station:

Signature of Section Supervisor
Designation with Stamp

Date.

**APPLICATION FOR ASSISTANCE FROM DSBF
FOR THE PERIOD OF LEAVE ON HALF PAY/LOSS OF PAY
ON MEDICAL GROUNDS
(FOR STAFF UP TO GRADE PAY Rs.4600/-ONLY ARE ELIGIBLE TO APPLY)**

NAME OF THE EMPLOYEE			
DESIGNATION/OFFICE/STATION			
PF No. & Bill UnitNo.			
WHETHER BELONGING TO SC/ST/OBC/UR/PH/NINORITIES			
PAY ON THE DATE OF PRECEDING YHE DATE ON WHICH LEAVE COMMENCED	VII PC Pay Matrix Level	Pay in Rs.	Grade Pay Rs.
<i>PARTICULARS OF LEAVE</i>			
FROM	TO	No. of loss of days (Please specify, LHAP, SICK/EXL)	

“Sick/LWP - Enclose Medical Records/Certificates/Pay slips for the leave period

Station:

Signature of the employee

Date:

Certified that the particulars furnished above are correct.

Station:

Date:

Signature of the Supervisory official with seal.

Certification of Ch.OS/Personnel Branch/TPJ, PB/Open line/TPJ: The actual period of LHAP, sick exl, (If employee placed under sick list, Please specify the detailsof sick certificate issued by whom, certificate No. and date)

Signature of Ch.OS/OS/PB