

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	

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 Rs.	No
18.	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)