

SOUTHERN RAILWAY



No. SA/P.721/DSBF/Vol.VI  
(E-159750)

Divisional Office,  
Personnel Branch,  
Salem – 636 005.  
Date:07.08.2023.

**All Branch Officers/SA Dn.  
All Supervisory Officials/SA Dn.**

Sub: Grant of financial assistance under Divisional Staff Benefit Fund (DSBF)  
for Relief of Sickness for the year 2023-2024.  
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Applications are invited by the Divisional Staff Benefit Fund committee from the eligible non-gazetted employees for granting financial assistance towards sickness relief to the non-gazetted employees who are on Railway sick and on loss of pay on or after 01.04.2022 during the academic year 2023-2024.

An employee is eligible for granting financial assistance towards sickness relief who are on Railway Sick and on loss of pay due to unavailable of leave balance (LAP/LHAP) only for the financial year 2023-2024. Any wrong claim preferred by the employees and noticed at a later date will be viewed seriously duly invoking D&A rules.

Application forms duly filled in may be sent through their Supervisory official in one bunch only. The self-attested copy of the sick and fit certificate issued by the Railway Medical Officer **must be enclosed along with application. The applications shall not be considered without above said enclosure.**

Forms for the above financial assistance may also be download from Salem Division, Personnel Branch website. For further details the employees may be advised to contact concerned Section Welfare Inspector or Staff Facilitation Centre, Salem in Rly.No.65712.

The last date for receipt of application duly filled in all respect is **21.08.2023**. If the sick period is continued or started after the date of this notification, the application for those cases will be consider as per the merit of the case.

Wide publicity may be given by the Units/ Sections to the employees calling for the above financial assistance from DSBF.

Encl:Application

Digitally Signed by P K  
Soundra Pandian  
Date: 07-08-2023 16:55:31  
Reason: Approved

**(P.K.Soundra Pandian, IRPS)  
Chairman/DSBF &  
Sr. Divisional Personnel Officer,  
Southern Railway/Salem**

Copy to: All Ch.S&WI/S&WIs for information and necessary action  
DS/SRMU/SA, DS/AISC ST REA/SA, DS/AIOBC REA/SA

**Southern Railway**

**Salem Division**

**SBF 18/Form B**

**APPLICATION FOR ASSISTANCE FROM SBF FOR THE PERIOD OF  
LOSS OF PAY ON MEDICAL GROUNDS**

1. Name of the employee :  
2. Designation /Station :  
3. PF No./HRMS ID :  
4. Community : SC / ST/ OBC/ Others  
5. Pay on the date preceding the  
Date of which leave commenced : Rs.  
6. Particulars of leave without pay : From:.....to.....  
: No.of days.....  
7.Mobile Number :

From ...../...../..... I have produced Railway Medical certificate for the grant of leave.

Station:

Date :

**Signature of the employee**

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Forwarded to the Secretary, DSBF committee/SA for further needful action please

Station:

Date

**Signature of the Immediate Supervisory  
and Designation**

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Certified that the particulars furnished above are correct.

Office:

Date:

**Clerk/PB)**

**Signature of the Sub. head of the leave section. (Bill**

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**Remarks of CMS / ACMS / Sr.DMO**

Station:

Date

**CMS / ACMS /Sr. Divisional Medical Officer**