

दक्षिण रेलवे/SOUTHERN RAILWAY

मंडल कार्यालय/Divisional Office
कार्मिक विभाग/Personnel Department
पालक्काड/Palakkad-678002.

No.जे/पी/J/P.641/DSBF/2020-21

दि /Date: 22.09.2021

All Concerned

विषय/Sub: Financial assistance from DSBF for *Relief of Distress/Sickness for the claims below ₹.50,000/-* only for Non-Gazetted employees upto Grade Pay ₹.4600/- (Level-7) - reg
संदर्भ/Ref: Minutes of DSBF Committee/PGT online meeting on 11.08.2021

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It has been decided by the DSBF Committee to grant financial assistance from DSBF towards Relief of Distress/Sickness for the year **2020-21**.

Applications are invited from the eligible Railway employees in GP upto ₹.4600/- for availing assistance under the above head.

The following are the norms for claiming financial assistance from DSBF, under Relief of Distress/Sickness:-

- 1) Only the Railway employees and their family members/dependents whose names are recorded in the Family Composition Certificate (FCC) for the purpose of availing Pass/PTO are eligible.
- 2) Claims amounting Less than or up to ₹.50,000/- only are being entertained by DSBF. Claims for amount more than ₹.50,000/- are being dealt by CSBF for which applications will be called for separately.
- 3) Claims are to be made only in the prescribed format duly filling all the particulars and certified and forwarded by Controlling Officer.
- 4) ***The following enclosures are to be appended to the application without which the claim will not be entertained:-***
 - (a) Hospital documents viz., Admission/Discharge Summary/Report. Diagnosis of Specialists/Doctors, etc.
 - (b) Original cash receipts issued by the hospital duly signed by the Doctor/Consultant along with summary of receipt indicating the consolidated amount of claim. Photocopies of bills will not be entertained.
- 5) Only those cases where no Railway treatment could be resorted to due to emergency will be entertained.
- 6) Claims in respect of expenses made for treatment under Indigenous system of medicine like Homeopathy, Ayurveda etc., will not be entertained.

- 7) Only claims where no financial assistance was resorted to either from Railways or any other sources viz., Insurance, Medi-claim etc., will be entertained.
- 8) Only claims with original bills numbered & listed date wise indicating the total claim will be entertained.

In this regard, the declaration given in the application form is to be signed by the employee, and his family particulars are to be certified by the Concerned Supervisor.

Supervisors concerned shall attach certified family composition of the employee concerned along with the application.

Any spurious claim preferred by the employee and noticed at a later date will be viewed seriously duly invoking D&A Rules.

A specimen of the prescribed application format is enclosed herewith. Forms for the above can also be downloaded from Southern Railway Website:- <https://sr.indianrailways.gov.in> —> About SR —> Department —> Personnel —> Palghat Division —> DSBF.

The applications duly filled in, received from the employees, may be forwarded to this office on or before 21.10.2021 in one bunch by the supervisor concerned. No application will be entertained after the date stipulated.

Wide publicity may be given among the employees working under your control.

Encl: As above.


(कृष्णन.आर/R.Krishnan)

सकाधि/इंजी/APO/Engg
क्रतेमंकाधि/पालक्काड/for Sr.DPO/PGT

Copy to :- DSBF Members
All Ch.OS/PB/PGT, Ch.S&WI
DS/SRMU, DS/AIOBCREA/PGT

DIVISIONAL STAFF BENEFIT FUND – PALAKKAD DIVISION

**APPLICATION FOR FINANCIAL ASSISTANCE FROM DSBF FOR RELIEF OF SICKNESS/DISTRESS FOR
STAFF IN GRADE PAY UPTO ₹.4600/- ONLY ELIGIBLE TO APPLY**

(Only applications for claim which is below ₹.50,000/-)

1	Name of the applicant (S/Shri/Smt/Ms)					
2	PF No./Staff No.					
3	Bill Unit No.					
4	Design./Office					
5	VII PC Pay & Pay Matrix Level	Level		Pay		
6	Contact No	Railway		Mobile		
7	Whether the employee belongs to SC/ST/OBC/UR/PHQ (Tick [✓] relevant column)	SC	ST	OBC	UR	PHQ
8 (a)	Name of the person who took treatment					
(b)	Relationship with the employee					
9	Nature of treatment					
10	Place (Name of Hospital) and Period of treatment	From		To		
10(a)	Whether any claim has been made to CMS/RH/PGT	YES / NO				
10(b)	If claimed, the quantum of amount sanctioned					
11	Details of earlier claim from DSBF/CSBF	Year:		Amount: ₹.		
12	Incidental expenditure in case of Cancer, TB, AIDS etc.					
13	Whether original bills available	YES / NO				
14	Supporting documents to be enclosed (Tick [✓] relevant column)	Enclosed		Not enclosed		
A	Hospital documents					
B	Admission/Discharge Certificate					
C	Original Bills (Nos)					
D	List of Original Bills date-wise with total claim and number of bills					
	Total amount claimed.					

Date:

(Signature of the applicant)
Designation:
Office/Station :



DECLARATION BY THE EMPLOYEE

I, (Name)....., (Designation).....,
do hereby declare that I have claimed monetary assistance for medical expenses from DSBF for self/wife/son/daughter/dependents who are fully dependent on me. I further declare that I have not claimed so far and will not claim hereafter any monetary reimbursement from any Medical Insurance Company or from the CMS or from any other source in respect of the treatment for which assistance is being granted from DSBF.

If the claim is found to be spurious and noticed at a later date, I am aware that the same will be viewed seriously duly invoking D&A Rules.

Date :

Place :

Signature of the employee

CERTIFICATE BY SUPERVISOR

I have personally verified the identity of the employee or family members/dependents of the claimant.

The particulars furnished above have been checked and found correct. Original bills have been verified.

Forwarded to the Chairman/DSBF Committee, Divisional Office, Palakkad Division.

Date:

Office seal

(Signature of Supervisor)

Designation:

Office/Station:

Note: Only applications for claim which is below ₹.50,000/- (Below Rupees Fifty Thousand Only) should be recommended for financial assistance from DSBF through proper channel.

