

SOUTHERN RAILWAY

S.B.F.18
Form 'B'

APPLICATION FOR ASSISTANCE FROM S.B. F FOR THE PERIOD OF
LEAVE ON HALF PAY / LOSS OF PAY OF MEDICAL GROUNDS

1	Name of employee			
2	Designation & Staff/Ticket No			
3	Station			
4	Pay on the date preceding the date of which leave commenced			
5	Particulars of leave without pay	From	To	No. of days

I have produced medical certificate for the grant of leave.

Station :

Date :

Signature of the employee

Forwarded to the Secretary, S.B.F Sub-Committee.....

Station:

Date:

Signature of the Immediate Superior
and Designation

Certified that the particulars furnished above are correct.

Office:

Date :

Signature of the Sub-Head of the
Leave section

APPLICABLE IN THE CASE OF APPLICATIONS ADDRESSED TO THE
HEAD QUARTERS SUB-COMMITTEE

Forwarded to the Secretary (Senior Labour Welfare Inspector) Headquarters
Sub-Committee, GM's Office/Madras.

The particulars furnished against item 1 are correct.

Station:

Date:

Signature of District/Assistant Officer

REMARKS OF D.M.O

Station :

Date:

Divisional Medical Officer