SOUTH EASTERN RAILWAY

FORM NO:4

APPLICATION FOR GRANT OF FINANCIAL ASSISTANCE TOWARDS DEVELOPING OCCUPATIONAL SKILLS OF PHYSICALLY/MENTALLY CHALLENGED RAILWAY EMPLOYEES AND THEIR WARDS INCLUDING PURCHASE OF WHEEL CHAIRS, OTHER AIDS, SPECIAL SOFTWARE ETC FROM STAFF BENEFIT FUND FOR THE YEAR 2025-26.

(All applications should come in a bunch duly forwarded by the Deptt. Officer)

(INCOMPLETE APPLICATION WILL BE SUMMARILY REJECTED)

	(INCOMPLETE APPLICATION WILL BE	SUMMARILT RE	JEC LEDÍ	
1	Name of the applicant in full (in block letters).			
2	Designation/Office/Deptt./Sec/Stn.			
3	(i)Contact No.(Rly. Ph./ P&T/ Mobile) (Mandatory)	,		
	(vi) Email ID			
4	(i) P.F. A/c./Employee No. (ii) Bill Unit No.	′ (i)	(ii)	
5	Pay and Level as per 7 th PC as on 01.07.2025	(a) Pay	(b)Level	
6	Bill complying Officer of the applicant			
7	Name of the patient & relationship with the employee			
8	Amount (Numerical & in Words) applied for			
	In case of purchase of medicine, xerox copy of the be enclosed			
	b) In case of purchase of accessories, it will be prauthority through GeM.	rocurred with the	approval of the competent	
9	All applications should be examined and recommend by the Divisional Medical Authority with justification for the specific requirement of the assistance, as applied for.			
Enal:	I hereby declare that the statement given a disciplinary action if any of them is found incorrect afterv		and I shall be liable to	
Encl: Date				
Date	Signature of the applican	+ ·		
	Designation			
9.0	Deptt./Section/Statio	n:		
NO.		,	Date:	
	Forwarded to the Secretary, Staff Benefit Fur remarks that the particulars given by the applicant have claim for the aids is in order.			
Date :	<u>:</u>	Signature of the forwarding officer with office stamp		
N.B	(i) The above specimen form may be downlow (SER-railnet)/www.ser.indianrailways.gov.in.	aded from the	web page: 10.41.2.100	

LAST DATE OF SUBMISSION OF THIS APPLICATION IS 07.11.2025

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