

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 2020-21.**

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

(INCOMPLETE APPLICATION WILL BE SUMMARILY REJECTED)

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	(a) Pay & Pay Band + Grade Pay as on 01.07.2020 and pay rate in 7 <sup>th</sup> PC.	(a)	
	(b) Group ( C or D )	(b)	
6	Senior subordinate and controlling officer under whom he/she is working.		
7	Name of the patient & relationship with the employee		
8	Amount applied for. (Numerical & in Words). Xerox copy of the prescription along with original vouchers for purchase of accessories for the period from 01/10/2019 to 30/09/2020.		

I hereby declare that the statement given above is correct and I shall be liable to disciplinary action if any of them is found incorrect afterwards.

Encl:

Date : \_\_\_\_\_

Signature of the applicant: \_\_\_\_\_

Designation: \_\_\_\_\_

Deptt./Section/Station: \_\_\_\_\_

NO. \_\_\_\_\_

Date: \_\_\_\_\_

Forwarded to the Secretary, Staff Benefit Fund Committee, SERly./GRC/Kol-43 with the remarks that the particulars given by the applicant have been verified and found to be correct and the claim for the aids is in order.

Date : \_\_\_\_\_

Signature of the forwarding officer  
with office stamp

N.B

- (i) Original vouchers for purchase of accessory for the period from 01.10.2019 to 30.09.2020 will be allowed for consideration  
(ii) The above specimen form may be downloaded from the web page: 10.41.2.100 (SER-railnet)/www.ser.indianrailways.gov.in.

**LAST DATE OF SUBMISSION OF THIS APPLICATION IS 04.12.2020**