

South Western Railway

Divisional Office,
Personnel Department,
Bengaluru-560023.

No.B/P.641/DSBF/2023-24

Dated: 22.09.2023.

All Branch officers &
Supervisory Officials,
Bengaluru Division.

Sub: Staff Benefit Fund: 2023-24.

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Under Divisional Staff Benefit Fund, the following benefits are extended to the serving Railway employees of Bengaluru Division.

1. MAINTENANCE GRANT (Relief of distress):

Maintenance Grant is being paid at the rate of Rs.15,000/- (Rupees Fifteen thousand) per month to non-Gazetted staff up to GP of 4600/- (VI CPC) who are on Leave Without Pay, due to prolonged sickness like TB, Cancer etc., subject to the following conditions:

- a) The employee seeking relief must have completed one-year continuous service on the day on which sick leave without pay commences.
- b) Period of sick leave without pay should not be less than 15 days on medical grounds certified by DMOs.
- c) The period of sickness should be covered by proper medical certificates issued by a Railway doctor.
- d) The applications should be recommended by Railway Medical Officer who will certify the nature of illness.
- e) The applications for the grant will be entertained, only if they are made within 3 months after employee resumes duty.
- f) Maintenance grant will be calculated as follows, (No. of days sick & LWoP X Rs.15,000/-) / 30 Days.

2. REIMBURSEMENT OF COST OF SPECTACLES (Relief of distress):

Reimbursement of cost of spectacles is sanctioned at the rate of Rs.2500/- (Two Thousand Five Hundred only) per pair subject to the following conditions:

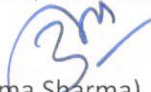
- a) All non-gazetted employees having completed minimum service of one year are eligible.
- b) The applications should be recommended by the DMO/AMO that the use of Spectacles is essential for proper vision.

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- c) The cash receipt should bear the name of the applicant and the same should be complete in all aspect.
- d) Reimbursement is permissible once in every two years.
- e) Running staff (Loco /Traffic) who are required to keep two pairs of spectacles on duty, will be eligible for reimbursement for two pairs of spectacles.

Wide publicity may be given to avail the benefits.

"LAST DATE FOR RECEIPT OF APPLICATION (SI.NO. 2), IN THE PRESCRIBED FORMAT CIRCULATED ALONGWITH THIS NOTIFICATION, COMPLETE IN ALL ASPECT, WILL BE 30.11.2023".


(Uma Sharma)

Chairman/SBF & Sr.DPO/SBC

Copy to: PSs to DRM & ADRMs /SBC for kind infn. of DRM & ADRMs
All POs
DSs/SWRMU & AISCTREA/SBC for infn.

All CS&WI/S&WI s may give wide publicity.

APPLICATION FOR REIMBURSEMENT OF THE COST OF SPECTALES.

To,
The Secretary/Chairman,
D.S.B.F.C./SWR/SBC.

I hereby apply for the reimbursement of the cost of spectacles,

1	Name of the employee	:	
2	Designation/Station	:	
3	Department	:	
4	P.F./Emp. No.(11 Digit, Ex-42507612345)	:	
5	Date of Birth	:	
6	Date of Appointment	:	
7	Is Running employee? (Yes/No)	:	
8	Bill Unit	:	
9	Whether SC/ST/OBC/UR	:	
10	Whether applied previously, if Yes, which year & the amount claimed	:	
11	Receipt No./ Date (Present Claim)	:	
12	Amount	:	Rs.

I declare that I have read the notification, further declare that I have not claimed Reimbursement of cost of spectacles past _____ years. The particulars furnished above are true and if found incorrect, I am liable for disciplinary action.

Encl: Original Receipt

Date:

Stn:

Signature of Applicant

Memo No.

Office:

Date:

It is certified that the particulars given above are correct. Forwarded to DMO/ _____ for further action please.

Controlling Officer.

Memo No:

Office:

Date:

Forwarded to Sr.DPO/O/SBC. The Spectacles/Change of spectacle are necessary for proper visions. This employee is not required to keep a pair of spectacles on duty (STRIKE OFF whichever is not applicable).

Divisional Medical Officer
(With Seal)

APPLICATION FOR MAINTENANCE GRANT

To: The Chairman/Secretary,
DSBF, Bangalore.

R/Sir,

I am on sick and without pay. Hence, I request to sanction maintenance grant in my favour. My sick Particulars are as furnished below:

	From Date	To Date
Sick with pay		
Sick without pay		
Period of sickness as in-patient*		
Period of sickness as out-patient*		

(*for TB patients only)

(Signature of the employee)

Name:

PF/EMP No.:

Details of the employee to be filled by office where the applicant is working:

1.	Name	
2.	PF/EMP No.	
3.	Designation	
4.	Station	
5.	Office/Unit	
6.	Date of Appointment	
7.	Period of Sickness treated as under	
	Leave	From Date To Date
	(a) with Full Pay	
	(b) with Half Pay	
	(c) without Pay	

The period has been covered vide medical certificate No.....

(AMC) dated (DMC) dated

Forwarded to DMO

It is certified that the particulars given above are correct and employee is not having LAP/LHAP at his/her credit.

Signature of Bill/Leave Clerk

Contd..2...

Previous claims by the employee, if any.

From Date	To Date	Amount Received in Rs.	Remarks

Signature of employee

Forwarded to Chairman/DSBF

Signature of the Controlling Officer
Designation & Stamp

Office/Station:

(To be filled in by Railway Medical Authority)

Certified that the employee is on sick list as detailed below:

Name	
Emp/PF No.	
Memo No.	
Date	
Office/Station	
From Date	
To Date	
MC No.	
MC. dated	

NATURE OF ILLNESS: (The disease/illness mentioned should be understandable by non-medical person)

In case of T.B. patients:

Period of sickness	From	To
as in-patient*		
as out-patient*		

Case is recommended for payment of maintenance grant.

Date:

Signature of Divl/Medical Officer
(Designation Stamp to be affixed)