South Western Railway Annexure-A

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.:

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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

Office/Station: Designation & Stamp

(**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)