

South Western Railway

Divisional Office,  
Personnel Department,  
Bengaluru-560023.

No.B/P.641/DSBF/2020-21

Dated: 25.02.2021.

**All Branch officers &  
Supervisory Officials,  
Bengaluru Division.**

Sub: Financial Assistance to the employees of Bengaluru division for developing occupational skills of physically/mentally challenged Railway employees/wards for the year 2020-21 .

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Applications are called from the non-gazetted Railway employees of Bengaluru division to grant financial assistance to Railway employees/ their wards under the head **“Developing occupational skills of Physically/Mentally challenged Railway employees and their wards including purchase of wheel chairs, other aides, organising seminar, camps etc.”**.

The application in the prescribed enclosed format i.e. “Annexure A”, may be submitted in this office alongwith the relevant documents duly forwarded by the concerned Officers/Supervisory officials.

The last date for submission of applications filled in all aspects is 10.03.2021.



(K. Asif Hafeez)  
Chairman/SBF & Sr.DPO/SBC

Copy to: PSs to DRM & ADRMs /SBC for kind infn. of DRM & ADRMs  
All POs  
DSs/SWRMU, AISCTREA & AIOBCREA /SBC for infn.  
All CS&WI/S&WI s to give wide publicity.

South Western Railway

Bengaluru Division.

**Application for Financial Assistance from SBF towards, developing of occupational skills of Physically/Mentally challenged Railway employees and their wards of Bengaluru Division**

1	Name of the employee (BLOCK LETTER)	:	
1a	Name of the ward (if claim is for ward)	:	
1b	Relationship (if claim is for ward)	:	
2	Designation/Station	:	
3	Department	:	
4	P.F./Emp. No.(11 Digit, Ex-42507612345)	:	
5	Employee belongs to UR/OBC/SC or ST	:	
6	Type of disability (document to be enclosed)	:	
6a	Percentage of disability	:	
7	Requirement of Medical/special equipment/aides/therapy etc.	:	
8	Cost of equipment/aide/therapy etc.	:	Rs.
9	Invoice details	:	Invoice No.:
		:	Date:
		:	Amount:
11	Whether applied previously, if Yes, which year & the amount received	:	
12	Contact Number (Phone)	:	
13	Other information, if any	:	

I declare that I have read the notification, the particulars furnished above are true and if found incorrect, I am liable for disciplinary action.

Date: \_\_\_\_\_ Stn: \_\_\_\_\_ **Signature of Applicant**  
Memo No. \_\_\_\_\_ Office: \_\_\_\_\_  
Date: \_\_\_\_\_

It is certified that the particulars given above are verified and found correct. Forwarded to Chairman/DSBF/SBC for consideration.

**Controlling Officer  
(Signature & Seal)**