

N. F. Railway

Office of the
General Manager (P)
Maligaon Guwahati -11
Dated:-03/10/2019

No. E/322/89 (W) Pt.I

To, .

Sec to GM/ MLG, Secy. to GM/CON/MLG, Secy. to AGM/ MLG.
All PHOD's/CHOD'S, All DRMs, DRM (P) s .Sr.DFMS/DFM
DGM (G)/MLG, Addl. Register RCT/GHY
Chairman RRB/GHY & SGUJ, Chairman RRC/GHY, Dy. MRA/HQ
Dy.CPO/Con/MLG, Dy. CMM/PNO, MD/CH/MLG,
Dy. CEBR. Line/MLG, CPRO/MLG, Dy.CAO/Cash & Pay/MLG, SPO/NBQs,
APO/DBWS, ASTE (WS)/PNO, AM (P&S)/KGN, Principal/ZRTI/APDJ, AME/TDH,
Principal & Head Master of all Railway Schools,
All Controlling Officers of non-Divisionalised Units,
CWMs/NBQs & DBWS, APO/NJP & GHY
GS/NFREU & NFRMU/MLG
GS/AISCTREA & NFROBCEA/MLG
GS/NFRPF Association

Sub: - Assistance from SBF in favour of Lactating / Expecting Mother.

It has been decided to provide financial assistance in favour of Lactating /expecting mother from Staff Benefit Fund.

Non-Gazetted Female Railway Employees, desire to have assistance from Staff Benefit Fund, and may apply in the prescribed format to **APO/Welfare, N.F.Railway, Maligaon**. The female Railway employees, who are expecting Mother or having maximum two surviving children up to three **(3) years of age**, will be considered. Application should be submitted as per prescribed format (copy enclosed) **along with one copy of family declaration and a Xerox copy of birth certificate of the child positively on or before 31-12-2019.**

This may please be widely circulated amongst the female Railway employees.

DA:-One

(Rumi Namasudra)
APOW

for General Manager(P)MLG.

To
APO/Welfare
N.F.Railway, Maligaon

Sub: - Application for Financial Assistance from CSBF in favour of female Railway employees for Lactating/Expecting Mothers, 2019-20.

1	Name in block letters	
2	Designation & Working Under	
3	Division	
4	PF/NPS Number & Bill Unit No. (Xerox copy of latest pay slip is to be attached)	
5	Present Pay	
6	Pay Scale with GP or Level	
7	Employees Date of Birth (Xerox copy of birth certificate is to be attached)	
8	Date of Appointment	
9	Name of Surviving Children with date of birth (Xerox copy of birth certificate is to be attached)	
10	Year of receipt Assistance & no. of times	
11	Family declaration enclosed (Yes/No)	
12	Name of the Bank & Branch	
13	Bank Account No	
14	IFSC No.	
15	Contact Number (Office & Mobile)	
16	Whether UR,SC or ST	
17	PAN No.	
18	Last date of submission of application	31-12-2019

I do hereby declare that the particulars given by me above are true & correct. I have/haven't received number of times for this as financial assistance from CSBF earlier.

Signature of the Applicant
Designation/Working under

Remarks/Recommendation of Railway Doctors (not below the rank of DMO)

Signature of the Doctor (With seal)

The particulars of the employee furnished above have been verified and found true.

Signature of Controlling Officer (With seal)

Handwritten signature and date: 03/10/19