

**FORM FOR CLAIMING FINANCIAL ASSISTANCE FROM SBF / ICF
FOR EMPLOYEES WHO ARE ON SICK LIST WITHOUT SALARY**

Name :
Age :
Sex :
Designation :
PF number :
Sick List Number :
SL from :
Diagnosis :
Any assistance from SBF received earlier : Yes / No
If Yes, Details :

Certificate from the Employee's Department

Employee is on railway sick list and is not getting his salary from _____, since he has no leave to his credit.

[Note: Eligible for assistance only if the employee is without salary for past one month]

Date: _____ Signature of the Supervisor

To:
PCMO / ICF

Kindly grant me financial assistance from SBF, since I am on SL and not getting salary for more than one month and have exhausted all my leave. I have / have not received any assistance from SBF earlier.

Date: _____ Signature of the employee

Certificate from the ACMS / Admn. / RH/ICF

Employee is suffering from _____, which is a chronic ailment and is on Railway sick list as referred above. He is also not getting salary as per the certification of his departmental officer given above.

Recommended and forwarded to CMO / ICF for financial assistance from SBF.

Date: _____ ACMS / Admn. / RH/ICF

Financial assistance of Rs.20,000/- [For Level 1] /
Rs.25,000/- [For Level 2 & above]

Approved

Date: _____ PCMO / ICF

Received Rs. 20,000/- / Rs. 25,000/- [Rupees Twenty/Twenty five thousands only] with thanks.

Date: _____ Signature of the employee