

INTEGRAL COACH FACTORY, CHENNAI 600038

(for employees in service only)

APPLICATION FOR THE GRANT OF STAFF BENEFIT FUND TOWARDS THE REIMBURSEMENT OF THE COST OF SPECTACLES PURCHASED BY THE EMPLOYEE.

1. Name of the applicant :
(in BLOCK letters)
2. Designation :
3. Shop/Office :
4. T.No :
5. Emp.no. :
6. Date of appointment :
7. Rate of pay on the date of application :
8. Scale of pay on the date of application :
9. Telephone no/mobile no. if any :
- 10 Date on which Rly hospital/ Private
hospital has given the prescription
(Enclose prescription) :
11. Actual cost of the spectacles :
(Enclose original bill)
12. Name & address of the shop where
the spectacles has been purchased :

Declaration of the applicant

I hereby declare that the particulars furnished above are correct. If any of the particulars furnished above is false, I will be liable to be taken under D&A rules.

Signature

Date:

Forwarded to secretary/SBF Committee (SPO/Welfare)

Date:
Office seal:

Signature of the Supervisory Official

(Certified by the ADMO/DMO/Sr/DMO/ICF hospital)

Certified that the above employee has procured the glasses specified for him.

Signature of the Doctor

Date:

Note:

Eligibility: 1. For Group - C Employees.
2. Maximum amount reimbursable Rs.1000/- or the bill amount which ever is less.

Other requirements:

1. Original bill
2. Spectacles power certificate in original

Certification of ICF Hospital doctor on the application at Column no. 14.