

SOUTHERN RAILWAY**Annexure/B****Application for Financial Assistance Towards Developing Occupational Skills
of Physically / Mentally Challenged Wards**

1.	Name of applicant (S/Shri/Smt/Ms.)	:				
2.	IPAS Number (PF No.)	:				
3.	HRMS ID	:				
4.	Designation/Office/Station	:				
5.	Residential Address	:				
6.	Pay Level in VII PC Pay Matrix	:				
7.	Telephone No	:	Railway		Mobile	
8.	Community	:	SC	ST	OBC	UR
9.	Bill Unit No. & Bill Preparing Office	:				
10.	Name , Date of Birth & Age of the disabled Ward	:	Name of the Ward	Age	DOB	
11.	Relationship to the Employee	:	Daughter	Son	Dependent	
12.	Nature & Extent of Disability-(Mention %)	:	Nature			Extent %
13.	Whether the ward is attending School ?	:	Yes			No
14. a	If Yes, whether Tuition Fee (CEA) has been claimed & reimbursed?	:	Yes			No
14. b	If so, amount drawn in the year 2023-24	:	Rs.			
15.	If CEA not claimed School Bonafide Certificates pertaining to year 2023-2024 only along with original Fee Receipts	:	School Bonafide 2023-2024		Original Fee receipt 2023-2024	
16.	Whether special equipment like Wheel Chair, other Aids etc. are procured during 2023-2024	:	Yes			No
16.a	Cost of Equipment	:	Rs.			
17.	Mention the details of Training undergone for Occupational Skills for the year 2023-2024	:				
17.a	Occupational Skills Fee Paid for the year 2023-24	:	Rs.			
18.	Whether the Ward is undergoing Therapy or Special School	:	Yes			No
18.a	If Yes, Therapy/Spl. School fee paid for the year 2023-2024	:	Rs.			
19.	Government Certificate for Disability (UDID) (issued after 01.04.2019 is mandatory)	:	Enclosed			Yes/No
20.	All the Documents as applicable are to be enclosed (Pertaining to year 2023-2024 – Period from 01.04.2023 to 31.03.2024 only)	:	i. Govt. Certificate of Disability ii. School Bonafide Certificate iii. Occupational Skills certificate iv. Proof for Therapy/. School v. Fee Receipts and other Bills vi. UMID card of the Beneficiary			
1.	Is the application submitted for any other child. If Yes , amount Claimed	:	Yes Rs.			No

Date:

Signature of the Employee
Designation / Station :

.....
Forwarded by controlling officer

Signature & Designation of the
Controlling Officer:

CERTIFICATE BY PERSONNEL DEPARTMENT

The particulars furnished above have been checked and found correct. Original bills have been verified and submitted by the employee. The employee draws salary Bill unit No.....

Forwarded to the Chairman/CSBF Committee, Headquarters Office Chennai for consideration.

Office Seal:

Signature of the Personnel Officer

Date:

****** For obtaining the certification by the Personnel Department, application along with all the original documents should be enclosed by the employee and all the original Bills have to be submitted at respective bills drawing office for scrutiny and forwarding by personnel officer communicate to Hqrs.**

(Please ensure that all the particulars called for is filled)