

APPLICATION FOR ASSISTANCE FROM DSBF/TPJ FOR PURCHASE OF SPECTACLES
(FOR STAFF UPTO GRADEPAY Rs4600/- ONLY ELIGIBLE TO APPLY)

NAME OF EMPLOYEE		DESIGNATION		OFFICE/STATION	
CONTACT NO.		RLY. TELE. NO.		CELL NO.	
VII PC Pay Matrix Level	Pay	Grade Pay		PF No.	Bill UnitNo.
Rs	Rs.	Rs.			
Category	SC	ST	OBC	UR	Physically Handicapped
Tick as appropriate					

I wish to apply for assistance from DSBF/MAS towards cost of Spectacles purchased by me.

DETAILS OF SPECTACLE PURCHASED				
Purchased from	Cost (Rs.)	Bill No. & Date	Enclosed in original (Tick)	
			Bill	Prescription

(COPY OF EMPLOYEES BANK PASS BOOK SHOULD BE ENCLOSED ALONG WITH BANK DETAILS IN ANNEXURE-I)

DECLARATION OF THE EMPLOYEE

- 1) I have not availed the above assistance in the previous 2 years
- 2) The particulars given above are true and correct to the best of my knowledge and if found to be false in future, I shall be taken up under D&A Rules.

Encl: Original Bill & Original Prescription.

Date:

Signature of applicant
Designation/office

Forwarded to DPO/MAS for further action please

Station:

Date:

(Supervisor signature with office seal)

Signature of the Supervisor