



दक्षिण रेलवे / SOUTHERN RAILWAY

सं.No.U/P.641/DSBF/2025-26

मंडल कार्यालय / Divisional Office
कार्मिक शाखा / Personnel Branch
मदुरै / Madurai
दिनांक/Date:04.08.2025

All Supervisors/MDU Division

विषय/Sub: DSBF 2025-26 Grant of financial assistance to employees under various scheme- Calling for applications-reg.,
संदर्भ /Ref: PCPO/MAS&Chairman/CSBF Lr.No.P(W)641/1/7/CSBF/2025-26 Dt.09.05.2025.

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The applications for grant of assistance from Divisional Staff Benefit Fund towards various schemes as detailed below for the year 2025-26 are called for from eligible Railway employees of Madurai division.

SCHOLARSHIP:

Scholarship for **Diploma-courses** for wards of all Non-Gazatted employees Grade Pay upto Rs.4600/- (Level-7 in VII PC).

MERITORIOUS:

Grant of cash Award to wards of Railway employees for their Meritorious performance in the final exams of Class 10TH& 12THStd during the academic year 2024-25 (i.e. **March 2025**) in both CBSE & State Board syllabus and have scored 80% & above Marks only for wards of all Non-Gazetted staff.

The eligible employees under your control may be advised to submit application in the prescribed format enclosed duly attaching attested copy of 10TH& 12th Mark statement as the case may be.

SPECTACLE ALLOWANCE:

All Non-Gazetted employees who have been advised to wear spectacles on duty may apply for the re-imbursement of the cost of spectacles along with Original Bill, Medical prescription duly countersigned by Railway Doctor (Ophthalmologist) etc. (Only those who have not availed the assistance in the previous 2 years i.e.,2023-24, 2024-25 are eligible).

ACTIVITIES: OUT STANDING PERFORMANCE IN SPORTS/CULTURAL:

In respect of outstanding performance in Sports/Cultural Activities, applications are invited from the eligible all Non-Gazatted Railway employees wards who have received 1ST 2ND& 3RD prices for their performance during the Academic year April 2024 to March 2025, in the university/ State/National & international levels along with copy of relevant Certificates.

LOSS OF PAY ON MEDICAL GROUND:

All Non-Gazetted employees who are on loss of pay on Medical Ground may apply for financial assistance from DSBF duly mentioning the period of loss of pay, during the year 2025-26, enclosing the medical certificate duly countersigned by Railway Doctor.

FINANCIAL ASSISTANCE:

- i) Grant of financial assistance from DSBF towards Medical expenses for all Non-gazatted employees for **Kidney Transplant & Cancer treatment Only**.
- ii) Grant of financial assistance from DSBF towards purchase of Prosthetics for all Non-Gazatted employees.

Applications are invited from the employees under your control so as to reach this office on or before 15.09.2025 certain.

Any spurious claim preferred by the employees and noticed at a later date will be viewed seriously duly invoking D& A Rules.

The application should be correctly filled up by the employees in all respects and forwarded by the concerned supervisors in time.

The incomplete applications and belated applications will not be entertained.

Wide publicity may be given duly placing a copy of this circular on **NOTICE BOARD**.

Encl: 7 Applications format

(T.Sankaran)
DPO& Chairman/DSBF Committee/MDU

Copy to: PS to DRM/MDU - For kind information of DRM/MDU
PS to ADRM/MDU - For kind information of ADRM/MDU
PS to CPM/MDU - For kind information of CPM/MDU
All Branch Officers – For kind information
All Ch.S&WIs & All Supervisors/MDU Division
DS/SRMU/MDU, DS/DREU/MDU, DS/AISC&STREA/MDU, DS/AIOBCREA/MDU
Notice Board & Computer Section.

Application for DIPLOMA COURSES**For Wards of all Non-Gazetted Staff Grade Pay up to R.4600/- only are Eligible**

(Maximum 2 children at a time only)

Affix Latest passport
size photograph of
the ward

(Photo to be attested
by Institution/College
Authority

1.	Name of the employee		Designation			Office/Station		
2.	Date of Appointment		Bill Unit			HRMS ID		
3.	VII PC Pay Matrix Level	Pay in Rs.	PF No.					
4.	Whether the employee belongs to SC/ST/OBC/UR/EWS/PH (Tick relevant column)		SC	ST	OBC	UR	EWS	PH
5.	Name of the Ward	Gender	Date of Birth			Relationship with the Applicant		
6.	Residential Address							
7.	Telephone No							
8.	Name & address of the institution		Particulars of the course studying/ year			Duration of the course		
9.	Fee paid for the current year		Year 2025-2026			Amount in Rs.		
10.	Details of other Scholarship and educational assistance from DSBF or any other source							

11.	Has he/she applied for any other Scholarship under DSBF for the current year? If so give complete details Thereof	Yes	No
12.	If any other child is getting Scholarship from DSBF Give details	Yes/No	

Certify that:

- No student other than my Son/daughter _____(Name) is enjoying the educational aid that has been applied for.
- Particulars shown regarding my Son/daughter are as furnished by me in Pass declaration.
- All the details furnished above are true to the best of my knowledge and if found to be false in future, I shall be taken up under D&A Rule.

Station:

Signature of the Applicant: _____

Date:

Designation: _____

Certified that the particulars given against columns 1 to 12 are correct

Station:

Date:

Signature & Designation of the Controlling Officer

Certificate from the Educational Institution/College/University in which the Student is Studying

Certified that _____ (student's name) is a bonafide student of this Institution _____(name of the Institution) and is at present studying in _____(name of the course) _____ (discipline) (I/II/III year during the academic year _____)

Place : _____

Date : _____

Seal of the College /Institution

**Signature of the Head of the Institution
with seal**

**APPLICATION FOR GRANT OF CASH AWARD TO THE WARDS OF NON-GAZETTED
EMPLOYEES FOR THEIR MERITORIOUS PREFORMENCE IN THE
FINAL EXAMS OF CLASS X or XII (MARCH-2025)
ELIGIBILITY-SECURING 80% MARKS AND ABOVE)**

NAME OF THE EMPLOYEE	DESIGNATION				OFFICE/STATION	
Contact No:						
Pay Matrix Level (VII PC)	Pay Rs.		Bill Unit No.		PF No	HRMS ID
Whether the employee belongs to SC/ST/OBC/UR/EWS/PH (Tick() relevant column)	SC	ST	OBC	UR	EWS	PH
Name of the Ward	Examination Passed (Tick as applicable)				Percentage of Marks Obtained Above 80%	
	Year	X Std	XII Std			

(Ward should have passed class X or XII in the previous academic year 2024-2025 (i.e., March-2025) & attested copy of the mark sheet is to be enclosed)

I declare that the details 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: Copy of Mark Sheet

(Signature of the applicant)

Design:

Office/Station:

Forwarded to the Secretary, DSBF Sub Committee for further action please.

Station:

Date:

(Signature of the Controlling officer)

Design:

Office & Seal

APPLICATION FOR ASSISTANCE FROM DSBF FOR PURCHASE OF SPECTACLES
FOR ALL NON-GAZATTED STAFF ARE ELIGIBLE TO APPLY

NAME OF EMPLOYEE	DESIGNATION	OFFICE STATION

HRMS ID	PF.NO	Bill Unit No.

Pay Matrix Level (VII PC)	Pay Rs.				Contact No	
Category	SC	ST	OBC	UR	EWS	Physically Handicapped
Tick as appropriate						

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

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

DECLARATON 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 the Secretary, DSBF Sub Committee for further action please.

Station:

Date:

(Signature of the Controlling officer)
Design:
Office & Seal

**APPLICATION FOR GRANT OF CASH AWARD TO THE WARDS OF NON-GAZETTED
EMPLOYEES FOR THEIR OUTSTANDING/EXEMPLARY PERFORMANCE IN THE FIELD OF
SPORTS OR CULTURAL ACTIVITY**

NAME OF THE EMPLOYEE	DESIGNATION				OFFICE/STATION	
Contact No:						
Pay Matrix Level (VII PC)	Pay Rs.		Bill Unit No.		PF No	HRMS ID
Whether the employee belongs to SC/ST/OBC/UR/EWS/PH (Tick() relevant column)	SC	ST	OBC	UR	EWS	PH
Name of the Ward	Date of Birth		Field of Performance (Tick as applicable)			Year of Performance
			SPORTS	CULTURAL		
Whether represented University/State/National/International	Prize received (Tick relevant column)					
	1st		2nd		3 rd	

(Ward should have received 1st, 2nd & 3rd prizes are only eligible. Events should have been performed in the previous academic year (April 2024 to March 2025) at the University/State/National/International level. (Attested copy of certificate issued by appropriate authority to be enclosed).

I declare that the details 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: Copy of Mark Sheet

(Signature of the applicant)

Design:

Office/Station:

Forwarded to the Secretary, DSBF Sub Committee for further action please.

Station:

Date:

(Signature of the Controlling officer)

Design:

Office & Seal

**APPLICATION FOR ASSISTANCE FROM DSBF FOR THE PERIOD OF LEAVE ON HALF PAY / LOSS
OF PAY ON MEDICAL GROUNDS
FOR ALL NON-GAZATTED STAFF ARE ELIGIBLE TO APPLY**

NAME OF THE EMPLOYEE			
DESIGNATION / OFFICE / STATION			
PF NO.			
HRMS ID			
BILL UNIT NO.			
Contact No:			
WHETHER BELONGING TO SC/ST/OBC/EWS/UR/PH			
PAY ON THE DATE OF PRECEDING THE DATE ON WHICH LEAVE COMMENCED	Pay Matrix Level (VII PC)	Pay in Rs.	Grade Pay Rs.
NATURE OF TREATMENT			
PARTICULARS OF LEAVE			
FROM	TO	No. of Days	

Sick/LWP

Enclose Medical Records/Copy of Muster Certified by the Supervisor /Pay slips for the leave period.

Station :

Date :

Signature of the Employee

Certified that the particulars furnished above are correct

Station :

Date :

Signature of the Supervisor of
Leave section

Forwarded to the Secretary, DSBF Sub Committee for further action please.

Station:

Date:

(Signature of the Controlling officer)

**Design:
Office & Seal**

APPLICATION FOR FINANCIAL ASSISTANCE FOR SICKNESS
FOR ALL NON-GAZATTED STAFF ARE ELIGIBLE TO APPLY

(Only applications for claim Kidney Transplant & Cancer Patients)

1	Name of the applicant (S/Shri/Smt/Ms)						
2.	PF No./Staff No.						
3.	HRMS ID						
4.	Bill Unit No.						
5.	Desgn/Office						
6.	VII PC Pay Matrix Level	Pay in Rs.			Grade Pay Rs.		
7.	Telephone No.	Railway			Mobile		
8.	Whether the employee belongs to SC/ST/OBC/EWS/UR/PH (Tick relevant column)	SC	ST	OBC	UR	EWS	PH
9.	Relationship to the employee						
10.	Nature of Treatment						
11.	Place and Period of Treatment						
(a)	Whether any claim has been made to PCMD/CMS/RH of the concerned HQ/Division/Unit (Yes/No) (Tick(J) relevant column)	YES			NO		
(b)	If claimed, the quantum of amount sanctioned						
(c)	Details of earlier claim from DSBF	YEAR			AMOUNT Rs.		
12	Whether original bills available? (Tick () relevant column)	YES			NO		
13	Supporting documents to be enclosed (Tick () relevant column)	ENCLOSED			NOT ENCLOSED		
(a)	Hospital documents with Original Discharge Summary						
(b)	Original bills (Nos.)						
(c)	Original Bills listed date-wise with total claim and Number of bills						

Date :

Signature of the Applicant
Designation/Station

Certificate by Department

The particulars furnished above have been checked and found correct Original bills have been verified.
Forwarded to the Chairman / DSBF Committee, Divisional Railway Manager's Office, Madurai-625016 for consideration.

Office Stamp :

Date :

Signature & Designation of the

Controlling Officer

DECLARATION BY THE EMPLOYEE

I, (Name of the Employee) _____

(Designation)_____ do hereby
declare that I have claimed monetary assistance for medical expenses from DSBF for self/ Wife/ Son/
Daughter/ Dependents who are fully dependent on me. I further declare that I have not claimed so far and
will not claim here after any monetary reimbursement from any Medical Insurance Company or from the CMD
or from any other source in respect of the treatment for which assistance is being granted from DSBF.

Date :

Signature of the Employee

APPLICATION FOR ASSISTANCE FROM DSBF FOR PURCHASE OF PROSTHETICS
(FOR ALL NON-GAZATTED STAFF ARE ELIGIBLE TO APPLY)

Name of the Employee	Designation	Office/Station

VII PC Pay Matrix Level	Pay Rs.	PF No.	HRMS ID	Bill Unit No

Contact No.	

Category	SC	ST	OBC	UR	EWS	Physically Handicapped
Tick as applicable						

Nature of Prosthetic purchased	Purchased from	Bill No. & Date	Cost in Rs.

I declare that the particulars given above are true and correct to the best of my knowledge.

Encl: Original Bill

Date :

Signature of the Employee

Designation :

Forwarded to the Secretary, DSBF Sub Committee for further action please.

Station:

Date:

(Signature of the Controlling officer)

Design:

Office & Seal