

दक्षिण रेलवे / SOUTHERN RAILWAY

संNo.U/P.641/EHC 2023

मंडल कार्यालय Divisional Office,  
कार्मिक शाखा Personnel Branch,  
मदुरै Madurai,  
दि.Dt.29.05.2023.

All Supervisors / Madurai Division

Sub: Employees' Holiday Camp- 2023 – Andaman Nicobar Island – reg.

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It is proposed to conduct DSBF Employees' Holiday Camp for the year 2023 at Andaman Nicobar Island tentatively from 11.09.2023 to 15.09.2023.

Applications are invited from all Non-Gazetted Railway Employees (both Male & Female) of Madurai Division who desire to participate in this Camp, in the Proforma enclosed herewith.

Preference will be given as detailed below :

- Employees on the verge of Retirement.
- Employees in lower pay level in 7 PC pay matrix.
- Employees who have not participated in the last three camps.

The employees selected for the above camp will have to avail their own leave and they have to incur **Rs.17,000/- (Rupees Seventeen thousand only)** as camp fee (including Air fare). **Amount once paid is not refundable under any circumstances.** The controlling officers are advised to sanction leave to an employee when selected for the camp. Selected employees have to avail their own pass to reach Madurai before the camp and back to their working station after the camp.

As the camp involves journey in the Flight, ferry/cruise, etc employees should ensure themselves that they are medically fit before applying for the Holiday camp. Employees should keep their ID Card, Aadhaar card during the camp.

The completed application along with the declaration (Annexure-I, if the employee is suffering from Chronic Diseases & Covid vaccination declaration), duly **forwarded by Supervisor Official and approved by the Controlling Officer** should be reached to this office on or before 20.06.2023.

Incomplete and belated applications will be rejected. Decision of DSBF Committee is final in selecting the employees for participation of the camp.

Wide publicity may be given to all the employees working under your control.

(T.Sankaran)

DPO & Chairman/DSBF Committee/MDU

Copy to: PS to DRM – for kind information of DRM

PS to ADRM– for kind information of ADRM

All Branch Officers

Divl. Secretary /SRMU/MDU

Divl.Secretary/AISC ST REA/MDU, Divl.Secretary/AIOBCREA/MDU

All Ch.OSs/OSs/Divisional Office/MDU, CS&WI/MDU, Notice Board.

**APPLICATION FOR DSBF EMPLOYEES' HOLIDAYCAMP-2023**  
**AT ANDAMAN NICOBAR ISLAND**  
**MADURAI DIVISION**

(All the details are to be compulsorily filled in)

Paste a recent  
pass port size  
photo of the  
employee duly  
attested by the  
supervisor in-  
charge with seal

	Data of the Employee	Details	
1.	Name of the Employee as per Rly. ID Card		
2.	PF No. & HRMS ID.		
3.	Designation, Department, Section & Station		
4.	Pay Level & Pay		
5.	Mobile No. & Whatsapp No.		
6.	Railway Phone No.		
7.	Date of Birth & Age		
8.	Date of Appointment		
9.	Date of Retirement		
10.	Aadhar Number ( <b>Two copies to be enclosed</b> )		
11.	Blood group		
12.	Whether Medically fit for attending the camp		
13.	Whether suffering from Chronic diseases. (If Yes, Please fill annexure-I & attach with this form)	Yes	No
14.	Residential address		
15.	Phone number of any one Family member/Relationship (To contact in case of emergency)		
16.	Whether participated in the previous camp or not. If 'Yes' mentioned the year & place (Pls tick whichever is applicable)	YES / NO	

*I declare that the details furnished above by me are true to the best of my knowledge and if any one of the same is found to be false in future, I shall be taken up under D&A Rules.*

Date:

Signature of the employee

It is certified that the details furnished above by the employee inclusive of employee's signature) are found correct and hence forwarded to DPO & Chairman/DSBF Committee for consideration please.

Signature of the supervisor  
with seal

Signature of the Controlling officer  
with seal

Office/Station stamp with date

(Declaration for Employees suffering from Chronic Diseases)

I .....(Name),.....(PF.No.), working as .....(Designation) in the Office/Station of the .....declare that, I am taking treatment /medicine for the following Chronic disease(s). (No. of years to be specified).

Hypertension (BP)	
Diabetes (Sugar)	
Thyroid	
Ischemic heart Disease (Heart Problem)	
Epilepsy	
Others (Specify)	

(Declaration for Covid Vaccination Dose as applicable)

1. Covid Vaccination 2<sup>nd</sup> dose has been taken- Yes/No
2. Vaccination Booster dose taken- Yes/ No
3. I have not vaccinated /partially vaccinated against Covid-19 and I will undertake RTPCR test in mainland within 48 hours before commencing my journey to Andaman & Nicobar Island, if being selected. – Yes/ Not applicable

***I am willing to attend Employees' Holiday Camp at my own risk and responsibility. I also undertake to bear all the medical expenses arising out of my health condition, in case on any emergency.***

Date

Signature of the employee