

Scheme : Maintenance:

2019-2020

{Staff Pay Level upto 7 (Old GP Rs. 4600 including MACP) }

(Attach unemployment certificate in case of medically de-categorised staff)

@ Rs. 15,000/- p.m. to Railway employees suffering from Cancer, HIV, Thalesamia, Sickle Cell, Paralysis and Kidney failure as well as for amputation of Upper and Lower Limbs leading more than 40% PPD.

(Grant will not be considered if employee getting compensation under WCA).

@ Rs. 10,000/- p.m. to Railway employees suffering from diseases other than those mentioned above.

To,

The Secretary,

Staff Benefit Fund Committee,

HQ _____ /Div. _____ / W.Shop _____

I have been placed on sick from _____ and without pay from _____

Please therefore sanction Maintenance grant in my favour.

Name of Employee _____

Designation : _____ Railway Telephone No. _____

Place of work: _____ Bill Unit No. _____ Mobile No. _____

Staff No. _____ Date of Appointment _____

Pay Band _____ Basic _____ Grade Pay /Pay Level _____ MACP Grade Pay _____

I declare that the statements made by me are true and if found incorrect, I will liable to be taken up under DAR.

Date & Place : _____

Signature of the Applicant

Leave due to sickness treated as under

Nature of Leave _____ From _____ To _____

With Pay : _____

Half Pay : _____

Without Pay: _____

M8&9B, Certificate No. _____ Dated _____ Period _____

Forwarded and it is certified that the particulars of leave account given above are correct. He/She has already been paid maintenance grant for the period from _____ to _____ vide sanction letter No. _____ dated _____.

Signature of Departmental Bills Officer

Recommended & certify that the party is on the sick list from _____.

Nature of illness:

- (1) Cancer, HIV, Thalesamia, Sickle Cell, Paralysis, Kidney failure.
- (2) Patients suffering from TB admitted in BEL-Air Sanatorium at Panchgani
- (3) Paralysis/Leprosy/Insanity/Brain Tumour.
- (4) For amputation of Upper and Lower Limbs
- (5) Other diseases than above.

(Asth. District Medical Officer/DMO)

Sanctioned for Rs. _____ P.M. for the period from _____ to _____

Forwarded vide Memo No.

The Secretary, Staff Benefit Fund Committee _____ (HQ/Div/W/Shop) for further process. It is certified that the particulars stated above have been verified and found correct.

(Signature of forwarding Officer)
Stamp of Office