

Scheme : **Dentures**

**2019-2020**

**CSBF**  
**APPENDIX 'F'**

**{Staff Pay Level upto 7 (Old GP Rs. 4600 including MACP) }**  
( Half set i.e. 2 teeth & above of either side Rs. 7500/- Full set Rs.15,000/-)  
(Granted once in entire Service)

To,  
The Secretary,  
Staff Benefit Fund Committee,  
HQ \_\_\_\_\_ /Div. \_\_\_\_\_ / W.Shop \_\_\_\_\_

I hereby apply for the re-imbursment of the cost of dentures purchased by me. I have not claimed any reimbursement of the cost of dentures from the Staff Benefit Fund during my service as on date.

Name of Employee \_\_\_\_\_

Designation \_\_\_\_\_ Railway Telephone No. \_\_\_\_\_

Place of work/Office \_\_\_\_\_ Bill Unit No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Staff No(P.F No.) \_\_\_\_\_ Date of Appointment \_\_\_\_\_

Pay Band \_\_\_\_\_ Basic \_\_\_\_\_ Grade Pay /Pay Level \_\_\_\_\_ MACP Grade Pay \_\_\_\_\_

(Enclosed) Money Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Rs. \_\_\_\_\_

\_ 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**

As per the Service Register maintained, the applicant has never applied for reimbursing the cost of dentures as on date. Necessary entry to the effect will be made in the Service Register after receipt of the Grant.

Date \_\_\_\_\_

**Signature and Stamp of Bills Officer**

Forwarded and certified that **Half /Full set** of Dentures are necessary for the above employee.

**Astt. District Medical Officer/DMO**

Forwarded vide Memo No.

To  
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**