

APPLICATION FOR MAINTENANCE GRANT

Station:

Office:

To
The Secretary
S.C.Rly,HQrs., SBF Committee,
CPO's Office, Secunderabad

To
The Chairman,
Divisional /Workshop/SBF Committee, SC/
BZA,GTL,GNT,NED,HYB,LGDS,GTPL,TPYS,MFT

Sir,

I have been sick from _____ and without pay from _____
please therefore sanction maintenance grant in my favour. Particulars required are furnished
below:

Period of sickness as in-patient _____

Period of sickness as out-patient _____

Yours faithfully,

Signature of the Applicant

Date: _____

(To be filled in by the Office where the applicant i.e working)

1. Name :
2. Designation :
3. Ticket Number :
4. P F No.
5. Office and Department
6. Whether belonging to SC/ST/OBC/Minority/OC
7. Station and Division :
8. Date of engagement _____ 9. Basic Pay Rs _____ + 30% Pay
towards running allowance 10.Period of sickness treated as under.

With pay from _____ To _____

Half pay from _____ To _____

Without pay from _____ To _____

The period has been covered by unfit M. 8-B Certificate No _____ dated _____
and M. 9-B fit Certificate M.5-B Intermediate Certificate No. _____ dated _____

Forwarded to DMO/ _____ It is certified that the particulars given above are correct.
He has already been paid maintenance grant for the period from _____ to _____
vide sanction letter No. _____ dated _____

Office/Station :

Controlling Officer
(Designation Stamp)

Memo No _____ Date _____ Office _____ Station _____

Recommended. The party is on sick list from _____ M.8-B Certificate No. _____
_____ date _____ has been issued.

Nature of illness _____

(The common name of the disease as can be understood by non-medical must be given)

Sick as in-patient From _____ To _____

Sick as out-patient From _____ To _____

Divisional Medical Officer
Designation stamp to be affixed