

**Application for Reimbursement of the Cost of Spectacles**

**TELEPHONE NUMBER**

The Secretary,  
South Central Railway,  
HQrs. / Divisional / Workshop SBF Committee,

Railway :  
Mobile :

I hereby apply for the reimbursement of the cost of spectacles purchased by me.

1	Name of the employee in full (in Block letters)					
	(a) DATE OF BIRTH					
2	(b) S/o / W/o (In case of female employee)					
	Date of Appointment			Bill Unit Number		
3	Community (Tick Mark)	SC	ST	OBC	Muslim	Christian UR
4	Designation			Office/Station		
5	Department/Division			P. F. Number		
6	Pay in Pay Band			Running Allowance		
7	Grade Pay Substantive			Grade Pay Officiating / MACP		
8	Whether applied previously, if so, when & what is the result					
9	Receipt Number & Date (ORIGINAL RECEIPT to be enclosed)					
10	Cost incurred in the purchase					

I declare that I have not claimed reimbursement of cost of spectacles during the last 02 / 03 Financial Years. The particulars furnished by me above are true and I am liable for disciplinary action if proved untrue.

Yours faithfully

Date:  
Station:  
Memo

Signature of the Applicant

Office:  
Date:

Forwarded to DMO/..... It is certified that the particulars given against 1 to 10 are correct.

Controlling Officer.  
(with Office Stamp)

Memo No.

Office  
Date

Forwarded

The spectacles/change of spectacles are necessary for proper vision.

This employee is required to keep a pair of spectacles on duty

(Strike off whichever is not applicable)

Divisional Medical Officer.  
(Designation Stamp)