

**SOUTH CENTRAL RAILWAY
HEAD QUARTERS STAFF BENEFIT FUND**

Headquarters Office,
Personnel Branch,
Secunderabad.



No. SCR/P-HQ/456/19/SBF/2021.

Date: 16.06.2021.

Divisional Chairmen/SBF

Sr.DPOs/SC, HYB, BZA, GTL, GNT, NED,

WPOs/LGDS, RYPS, TPYS &

IG-CSC/RPF/SCR

Sub: Modalities for reimbursement of cost towards COVID-19 vaccination – reg.

Ref: This office letter of even No. dated.11.06.2021.

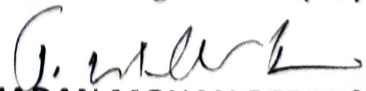
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Further to this office letter cited under reference, wherein approval of GM was communicated for reimbursement of cost of vaccination to the Railway employees, the following modalities may be followed at the Divisions/Units level for reimbursement of cost of vaccination:

- [1] Employees shall submit an application in the prescribed Proforma (copy enclosed) to the respective Sr.DPOs/DPO/Co-rds/WPOs. The employees working in Hqrs offices shall submit the applications to SPO/IR.
- [2] The above scheme is only for serving railway employees.
- [3] The reimbursement is limited to Rs. 780/- per employee.
- [4] The Scheme of reimbursement of cost of COVID-19 vaccination shall be valid for the period 09.06.2021 to 21.06.2021.
- [5] The employee shall enclose a copy of money receipt [in original] and copy of vaccination certificate issued by the Private Hospitals, where vaccination was done.
- [6] The last date for receipt of the applications shall be 09.07.2021.
- [7] The Sr.DPOs/DPOs/WPOs will scrutinize the applications and issue sanction memorandum in favour of all the eligible employees.
- [8] The reimbursement shall be allowed in the salary bill of July-2021.

Funds are available & allocable to Head '**Miscellaneous**' in the HQ SBF for the year 2021-22, under **Allocation Head - 008121-04**.

It is requested to widely circulate the above scheme amongst all employees for availing the above benefit.


[J.MADAN MOHAN REDDY] 16/06/2021
SPO/IR

for Chairman/HQrs. SBF Committee & PCPO

Copy to : PFA, Sr.DFMs/WFMs & AFA/XP for information and necessary action.

Copy to : Members/HQ SBF Committee/SCRES, SCRUMU, SCROBCA, AISCTREA- for information.

Application for Reimbursement of the Cost of COVID-19 Vaccination

**The Secretary & SPO/IR, Sr.DPOs/WPOs
Divisional / Workshop SBF Committee**

Railway Ph.No.:
Mobile No. :

| | | | |
|---|--|--|----------------|
| 1 | Name of the employee in full (in Block letters) | | |
| 2 | Designation | | Office/Station |
| 3 | Department/Division | | P. F. Number |
| 4 | Bill Unit Number | | |
| 5 | Name of the Private Hospital & Place. | | |
| 6 | Cost incurred for the vaccination | | |
| 7 | Receipt Number & Date (Original Receipt to be enclosed) | | |

Encl: Latest Pay-Slip.

I hereby declare that the vaccination is taken for self only and the above particulars furnished by me are true. I am liable for any disciplinary action if proved untrue.

Yours faithfully

Date:
Station:

Signature of the Applicant

No.

Office:
Date:

Forwarded to for further necessary action. It is certified that the particulars given against 1 to 7 are correct.

Controlling Supervisor
(with Office Stamp)