

11. P.P.O. No. and Date

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Date

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12. ID Card No.

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13. RELHS Card No.

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14. Details of dependents (As per Pass Rules and Medical Eligibility)

15. Name:-

Relationship:-

D.O.B.:-

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16. Name:-

Relationship:-

D.O.B.:-

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17. Station

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18. Date

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Please do Signature with Black ink in the Block only

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Note: Individual Passport size colour Photographs of each (Self & Dependents as per pass rules and eligibility to avail Medical facilities under RELHS) are to be affixed separately in the block provided above, with the particulars written below each photographs.

LTI of the Employee

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(RECEIPTED BILL)

ANNEXURE 'C'

Received the sum of Rs. _____ (_____)
being the total of entitlement of Rs. _____ from the Insurance
Fund and/or of Rs. _____ from the savings fund accrued to,

Name:

Designation Group A/B/C/D under the centre Government Employee group
insurance scheme 1980,

Date:

Signature of Recipient(s)
Name (In block letters)

For use in Bill preparing office

a. Relevant Bio-Data of the Members

1. Type of Group of the members (i.e.) lowest group viz, D/C/B/A on
Initially joining the scheme in Jan - 2003.

2. Year of acquiring membership of higher group _____

1. _____ 19

2. _____ 19

3. _____ 19

4. Counter signed for payment of Rs. _____ (Rupees _____
_____) to claimant. Crossed cheque/demand
draft to be issued in favour of claimants.

Signature:

Date:

Designation of bill preparing
officer.

For use of Accounts Office

Passed for payment of Rs. _____ (Rupees _____)
Accounts encasement.

(MODIFIED BILL)

ANNEXURE 'C'

Received cheque of Rs. _____ (Rs. _____)

Name:

Designation: _____ Group A/B/C/D under the centre
Government Employee group insurance scheme 1980.

Date:

Signature of Recipient(s)
Name (In block letters)

For use in Bill preparing office

a. Relevant Bio-Data of the Members

1. Type of Group of the members (i.e.) lowest group viz, D/C/B/A on
Initially joining the scheme in Jan - 2003.

2. Year of acquiring membership of higher group _____

5. _____ 19

6. _____ 19

7. _____ 19

8. Counter signed for payment of Rs. _____ (Rupees _____
_____) to claimant. Crossed cheque/demand
draft to be issued in favour of claimants.

Signature:

Date:

Designation of bill preparing
officer.

For use of Accounts Office

Passed for payment of Rs. _____ (Rupees _____)
Accounts encasement.

ACCOUNTS ENFACEMENT

APPLICATION FORM FOR R.E.L.H.S

1. Name of the retired Railway Employee :
(In Block Letters)
2. Designation on the date of retirement :
3. Department last worked :
4. Station last worked :
5. Date of appointment :
6. Last pay sheet preparing unit :
7. Date of retirement :
8. Nature of retirement :
9. Substantive pay last drawn (on the date of retirement)
10. Marks of identification as recorded in service certificate :
1)
2)
11. Scale of pay : Rs.
12. Details of spouse/widowed mother/dependent child (strike out whichever is not applicable).

<u>Name</u>	<u>Age</u>	<u>Dt. of birth</u>	<u>Relationship</u>	<u>Marks of</u>
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Identification

- 1.
- 2.
- 3.
- 4.

Photographs of	Photographs of	Signature of Employee	Photographs
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Retired Rly.
Servant.

Signature

of spouse

Signature

dependent
child

Signature

dependent
child

Signature

Photographs of
dependent
child

Signature

Photographs of
dependent
child

Signature

Photographs
dependent
child

Signature

Photographs
dependent
mother

Signature

Note: (Photographs should be in stamp sizes in duplicate. One set should be affixed as per the back given in application and must be signed individually and one set should be enclosed along with application and also bring the original copy of service certificate for endorsement at the time of receiving the orders.

I certify that my son/sons _____ who is/are more than 21 years old is/are wholly dependent on me and is/are residing with me.

FOR OFFICIAL USE ONLY

Forwarded to OS/Settlement section. The names of the members shown in the columns have been verified with family composition declaration of the employee given in connection with his settlement and they are eligible for medical facilities.

- * Certified that the date of birth and photographs of he family members verified with school/college certification.
- * Date of birth certificate/schools certificate is enclosed in case of dependent.

Signature of Welfare Inspector

Name:

OS/Settlement

Date:

Certified that an amount of Rs. _____ (Rupees _____) has been recovered from settlement of the employee under voucher No. _____ Dt. _____ and forwarded to COS/R&C section for preparation of Medical Identity Card.

Signature of Welfare Inspector

Name:

OS/Settlement

Date :

Issued R.E.L.H.S. Card to _____ Dated _____ is prepared and sent herewith for issue to the employee after taking entry of voucher No. and dated of recovery of the amount in the card. Necessary entry may also be made in original service certificate that R.E.L.H.S. Card No.

COS/R&C Section

APPLICATION FOR THE GRANT OF DEATH GRATUITY TO SHRI/SMT _____
DESIGNATION _____

IN THE OFFICE/DEPT.

1. Name of the applicant :
2. Relationship to deceased Rly. :
Servant/Pensioner
3. Date of Birth :
4. Date of retirement if the deceased :
was a pensioner
5. Death of death of the Rly. :
Servant/Pensioner
6. Name of the station at which and :
official in whose presence the payment
of death gratuity is desired
7. If a payment of death Gratuity is :
desired by cheque GP. 46 form to be
submitted
8. Full address of the applicant :
9. Signature or Thumb impression
of the applicant