

PROFORMA 'J'

APPLICATION FOR REIMBURSEMENT OF THE COST OF SPECTACLES

**To
The Chairman,
Divisional S.B.F. Committee,
Nanded**

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

1	Name of the employee	
2	Designation	
3	Office	
4	Station	
5	Department	
6	Division	
7	Date of Birth	
8	Date of appointment	
9	Rate of Pay/Grade	
10	30% of pay towards	
11	PF No. & Admn.-Bill Unit No.	
12	Whether belonging to SC/ST/OBC/Minority/OC	
13	Whether applied previously, if so, when & what is the result	
14	Receipt No.dt.....for Rs..... for the purchase of the spectacles enclosed.	

I declare that I have not claimed reimbursement of cost of spectacles during the last years. The particulars furnished by me above are true and I am liable for disciplinary action if proved in true.

Encl:

Yours faithfully, .

Date:
Station

Signature of the Employee

Memo No.

Office

Date:

Forwarded to DMO/..... It is certified that the particulars given against (1) to (12) 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)

APPLICATION FOR REIMBURSEMENT OF THE COST OF SPECTACLES

To
The Secretary,
S. C. R. Rly. S.B.F. Committee,
Nanded.

The Chairman/Divn. SBF Committee/Divn. NED

I hereby apply for the reimbursement of the cost of spectacles.

1. Name :
2. Designation :
3. Office/Bill Unit :
4. Station :
5. Department :
6. Division :
7. Date of Birth :
8. Date of Appointment :
9. Rate of Pay/Scale :
10. Receipt No. _____ Date _____ for Rupees _____
For the purchase of the spectacles enclosed.

The particulars furnished by me above are true and I am liable for disciplinary action if proved untrue.

Yours faithfully,

Signature of the Employee

Forwarded to DMO. It is certified that the particulars given against (1) to (12) are correct.

Memo No.
Office/Date :

Controlling Officer
with office stamp

Forwarded the spectacles/charges 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.