

**APPLICATION FOR MEDICAL AID FROM THE WELFARE FUND OF
SOUTH CENTRAL RAILWAY EMPLOYEES' CO-OP. CREDIT SOCIETY LTD.
SECUNDERABAD.**

To,
The Secretary,
S.C.R.E.C.C.S.LTD. (Welfare Fund)
South Central Railway, Secunderabad.

I, the undersigned share-holder request you to please sanction me necessary assistance from the above fund, as I am one falling under the categories mentioned in the objects of the Fund.

1. Name (in Block Letters) : _____
S/o. W/o. H/o. : _____
2. Name of the Dependent : _____ Relationship _____
3. Designation : _____ 4. Department _____
5. Office : _____ 6. Station _____
7. Date of Birth : _____ 8. Date of Appointment _____
9. Basic Pay : _____
10. P.F. No. : _____ C.M.T.D. A/c. No. _____
11. Home Address : _____
12. For whom Aid is applied for : _____
(Whether for self or family dependent) : _____
13. Purpose for which Aid is applied fo : _____
with brief particulars of illness etc., _____
Name of the Disease : _____
14. Whether any assistance is received : _____
from any other fund.

I declare that if the particulars furnished above are proved to be false at a later date, I am liable to be debarred from availing the benefits of the Society in addition to disciplinary action being taken by the Administration.

Place : _____ Signature/LTI of the applicant: _____
Attested by : _____
Signature : _____
Date : _____ Designation with
Office seal: _____

WITNESSES

1. Signature _____ _____ (Name in block letters)	2. Signature _____ _____ (Name in block letters)
Designation & Staff No. _____	Designation & Staff No. _____
Department _____	Department _____
Station _____	Station _____

I certify that the particulars mentioned by the applicant are to the best of my knowledge and deserve consideration.

Forwarded to the C.M.O/M.S./D.M.O. for further disposal.

Place : _____ Signature of the Controlling Officer

Date :

OFFICE SEAL

FOR MEDICAL OFFICER USE ONLY

(To be filled by Railway Medical Officer for Railway Employees' and Government Civil Surgeon for Society's Staff)

FOR OFFICIAL USE OF THE SOCIETY ONLY

Name _____ Designation _____

Staff/Ticket No. _____ Department _____ Station _____

Whether a Shareholder _____ Disease _____

Whether Recommended by Medical Officer _____

Whether any aid was sanctioned previously _____

Clerk (Welfare fund)

O.S.

Sanctioned Rs. _____ towards Relief from the Welfare Fund Aid for Self/Family/dependent.

I.A. SECRETARY

MEMBER
(Welfare Fund Committee)

CHAIRMAN
(Welfare Fund Committee)

FOR CHEQUE SECTION USE ONLY

PAY ORDER/CHEQUE NO. _____ DATE _____ FOR Rs. _____

_____ IN FAVOUR OF SRI/SMT. _____

BEING THE AID FROM WELFARE FUND.

DIRECTOR

SECRETARY