

GRANT OF FINANCIAL ASSISTANCE TO POSTAL EMPLOYEES/GDS IN RELAXATION OF THE EXISTING CONDITION IN CASE OF SERIOUS ILLNESS/MAJOR SURGICAL OPERATION ETC.

- 1: Name : -----
- 2: Designation : -----
- 3: Office where working : -----
- 4: Basic Pay : -----
- 5: Length of service / whether Temporary : -----
- 6: Nature of disease : -----
- Date from which sufferings : -----
- 7: Whether leave as half pay or without pay : On half pay from-----to -----
 From which date reason for leave : Or without pay from-----to -----
 Without M.C. / on M.C.
- 8: No. of dependants, age and relationship : -----

- 9: Any financial assistance already received /granted from welfare fund details. :-----
- 10: Whether the official is taking treatment and whether the medical treatment has Yielded any encouraging result. :-----
- 11: Nature of relaxation required :

Date:
Place:

Signature of the applicant

- 12: Personal recommendations of the Divisional Head/Unit Head. Give the reasons and exact Financial assistance to be recommended. :

Signature of the Head of the Office