

SOUTHERN RAILWAY

No.P(W)641/HQSBF/WEC/2023Headquarters Office

Personnel Branch Chennai – 600 003 Dated:18.04.2023

All Concerned (under HQ. SBF Unit)

Sub: HQSBF – Women Employees' Holiday Camp – 2023 at Kashmir (Exclusively for Women)

It is proposed to conduct HQSBF Women Employees Camp tentatively from 21.05.2023 to 30.05.2023 at Kashmir.

In this regard it is requested to send the names of the Women employees, who are willing to participate in the above camp.

The Women employees selected for the above Camp will have to avail their own leave and take one set of Privilege Pass for their journey. Catering facilities for the campers will be arranged by the Administration.

Rs.8,000/- approx. is fixed as Camp fee and the selected Women employees should pay the amount in advance in cash office. Date of payment will be advised shortly.

The list of willing employees along with the application may please be sent to this office on or before 25.04.2023 duly forwarded by the controlling officer. The applications received after 25.04.2023 will not be considered.

The Women employees who have not participated in the previous camps and who are about to retire will be given preference.

Wide publicity may be given to all the Women employees working under your control.

Receipt of this letter may please be acknowledged.

Encl: One Application Form.

(ROJA MURALI)

Assistant Personnel Officer/Welfare For Principal Chief Personnel Officer

Copy to: CPO/IR – for information.

Members/HQSBF Committee – for information
GS/ SRMU, AISCSTREA, AIOBCREA

APPLICATION FOR HQSBF WOMEN EMPLOYEES' CAMP-2023 AT KASHMIR (EXCLUSIVELY FOR WOMEN)

Passport size
Photo with seal
of controlling
officer

| SI. | Name of the Employee | Details |
|-----|---|---------|
| No. | | |
| 1 | NAME | |
| 2 | PF NO. OR PRAN NO. | |
| 3 | DESIGNATION, DEPARTMENT, | |
| | SECTION & STATION | |
| 4 | PAY BAND WITH GRADE PAY | |
| 5 | DATE OF BIRTH | |
| 6 | DATE OF RETIREMENT | , |
| 7 | RAILWAY PHONE NUMBER | |
| 8 | DATE OF APPOINTMENT | |
| 9 | BLOOD GROUP | , |
| 10 | WHETHER MEDICALLY FIT FOR ATTENDING THE CAMP | |
| 11 | RESIDENTIAL ADDRESS WITH PHONE NUMBER | |
| | | |
| 12 | WHETHER PARTICIPATED IN THE PREVIOUS CAMP OR NOT TICK () | |
| 13 | MOBILE NUMBER | |
| | | |

I declare that the details furnished above by me are true to the best of my knowledge and if any one of the same is found to be false in future, I shall be taken up under D& A Rules

| Date: Sign | inature of the Employee |
|---|-------------------------|
| It is certified that the details furnished in the S employee (inclusive of employee signature) are found co to PCPO/MAS for consideration please. | |

DATE:

Signature of the Controlling Officer And seal (Compulsory)