

SRI LANKA POLICE INSPECTORS' ASSOCIATION
D.S.FONSEKA ROAD, COLOMBO-05
TELEPHONE /FAX 2 5 5 6 6 2 9

The Hony. Secretary/SLPIA

APPLICATION FOR NOURISHMENT ALLOWANCE

01. Full Name:-.....
.....
02. Date of Birth:-.....
03. Present Address:-.....
.....
04. Telephone No.:-.....
05. NIC No.:-.....
06. Date joined the service & rank:-.....
07. Date promoted to the rank of Sub-Inspector of Police.....
08. If absorbed to the Regular Service, the date of absorption & the rank:-.....
09. Present rank & Station:-.....
10. Date hospitalized & name of Hospital:-.....
11. Details of Sickness /Injury:-.....
.....
.....
- 12.. Date discharged & number of days hospitalized:-.....
.....
13. The name & address of the Medical Practitioner:-.....
14. Bank Account No.:-.....
15. Emp No:-.....

16. Certified document should be attached: - Hospital Ticket

I do hereby declare that I have sustained injuries/suffered from sickness as described above & certified that the above statements are true and correct. I draw the cheque on the above numbered Bank account.

Date:-.....

Signature of Applicant

CERTIFICATE OF O.I.C

I hereby certify that the fore going details submitted by..... (Name of SI/IP/CI)..... (Name of Police Station/Unit) are correct. He /she was hospitalized from..... to..... for (injury / Sickness).

Date:-.....

Signature of OIC/ASP/SP
(Name & Rank)

FOR OFFICE USE ONLY

The Hony. Secretary/SLPIA

The applicant is a member of the S.L.P.I.A holding the membership No..... He has been hospitalized fromto.....for (injury / sickness) and he was hospitalized for a claim of Rs:..... for.....(number of days) The document is in order and the payment is recommended.

Date

Administrative Officer/SLPIA

Administrative Officer/S.L.P.I.A

The payment of Rs.....was approved by the Executive Committee during the meeting conducted on Please draw the cheque on A/C& update the registers & the computer, & file the papers.

Voucher No:-.....

Cheque No:-.....

Date:-.....

Chairman
Sri Lanka Police Inspectors' Association