भारत सरकार/Government of India
अंतरिक्ष विभाग/Department of Space
विक्रम साराभाई अंतरिक्ष केंद्र/VIKRAM SARABHAI SPACE CENTRE
तिरुवनंतपुरम/Thiruvananthapuram-695022

CONTRIBUTORY HEALTH SERVICE SCHEME (CHSS)

APPLICATION FOR CHSS IDENTITY CARD

(This form is meant for the use of the spouse/children of deceased employee/deceased pensioner)

1.	Name of the deceased Employee / Pensioner (in BLOCK LETTERS)	:	
2.	Staff Code No. held by him/her	:	
3.	Designation last held	:	
4.	Basic Pay on the date of retirement/death	:	
5.	Division/section in which the deceased employee was working at the time of retirement/death	:	
6.	Date of Birth	:	
7.	Date of Appointment in DOS/DAE	:	
8.	Date of Death	:	
9.	Date of Retirement if he/she died after retirement	:	
10.	Total service of the deceased Employee/Pensioner	:	.....Years.....Months
11.	Amount of pension sanctioned (if died after retirement)	:	
12.	Name of Applicant	:	
13.	Relationship with the deceased employee/pensioner	:	
14.	Residential address	:	
15.	Contact Number & Email ID	:	

PARTICULARS OF FAMILY MEMBERS

Name (Shri/Smt.)	Date of Birth	Relationship with deceased employee/ pensioner	Occupation	Income if any (per month)	Whether residing with deceased employee/ pensioner

I certify that the person(s) mentioned above and myself fulfill the conditions prescribed and that we are eligible for registration under CHSS.

I hereby undertake to declare at the beginning of each calendar year and as soon as necessary thereafter about the eligibility of otherwise to the CHSS benefits of myself and other members of the family of the deceased employee/pensioner whose names are mentioned above. It shall be my responsibility to notify the PGA Division as and when myself or any person referred to above become or becomes ineligible to the DOS CHSS benefits and shall promptly return the CHSS card of such beneficiary. I realize that the onus of providing eligibility of myself and other members mentioned above for the benefits of the Scheme rests on me and also understand that in case my declaration is proved false, I am liable to pay for the loss on this account caused to the DOS/ISRO together with interest thereon in addition to appropriate action against me for misinterpreting the facts/furnishing false information for availing the benefits which were otherwise not admissible.

Signature of the applicant :

Date :

To

Administrative Officer (CHSS)
VSSC, Thiruvananthapuram – 22

FOR OFFICE USE

REGISTERED UNDER CHSS NUMBER .....

ADMINISTRATIVE OFFICER (CHSS)

RECEIVED.....CHSS IDENTITY CARDS

SIGNATURE OF THE WIDOW / WIDOWER DEPENDENT OF THE DECEASED EMPLOYEE / PENSIONER

DATE .....

PROFORMA FOR SUBMITTING BANK ACCOUNT DETAILS

Date :.....

To

Administrative Officer, CHSS
VSSC

Sir/Madam,

I request that all CHSS dues payable to me may kindly be deposited in my following Bank Account:

Name of the Nationalized Bank :

Branch Name :

Account Number* :

IFS Code :

Whether the branch has core-banking facility or not : Yes/No

Signature :

Name :

Address :

CHSS Card No.:

Phone No.

*** Copy of the pass book (front page) may also be enclosed.**

PROFORMA FOR SUBMITTING MOBILE NUMBER & E-MAIL ID

1. Name of the Prime Beneficiary :

2. CHSS Card No. of Prime Beneficiary :

3. Address of the Prime Beneficiary :

4. E-mail Id :

5. Mobile Number :

Signature of Prime Beneficiary

Date: