No.DS_VI-14011(12)/1/2023-Section_6-DOS
भारत सरकार/ Government of India
अंतरिक्ष विभाग/ Department of Space
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अंतरिक्ष भवन/Antariksh Bhavan
न्यू बी.ई.एल. रोड/New BEL Road
बेंगलूर/Bengaluru – 560 094

जुलाई / July 03, 2026

कार्यालय ज्ञापन / OFFICE MEMORANDUM

Subject: CHSS – Reimbursement of expenditure incurred towards purchase of Digital Hearing Aid - Modifications in the existing guidelines - reg:
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The undersigned is directed to state that various references have been received from Centres/Units and retired CHSS beneficiaries seeking to streamline the existing procedures for the purchase of Digital Hearing Aid, citing the difficulties being faced by the beneficiaries. The matter of requirement of recommendations of three ENT specialist empanelled under CHSS has been examined in the Department in consultation with CMO/MO's Committee and in partial modification to the existing guidelines, the revised procedure to the extent indicated below are accordingly notified for information, guidance and compliance.

i) The requirement of recommendations of three ENT specialist for Digital hearing aid, as mandated presently under CHSS is dispensed with. Accordingly, the CHSS beneficiaries with hearing impairment will be entitled for digital type hearing aid, once in a lifetime, based on the recommendation of one (1) ENT specialist empanelled under CHSS.

ii) However, the recommendations of the empanelled ENT specialists for digital hearing aid shall be considered under CHSS only if it is prescribed under the circumstances mentioned therein at Para 1(a) (i) of OM dated 31.12.2010, on the basis of Audiometric and Audio-logical assessment. The Audiogram report shall be authenticated by the ENT specialist. The recommendation of the specialist shall not be as per any Brand name.

iii) The reimbursement towards Digital Hearing Aid shall continue to be restricted to Rs. 30000/- per ear or the actual cost, whichever is less.

iv) The reimbursement of expenses for Digital Hearing Aid is subject to production of a certificate from the ENT specialist as per the attached (revised) proforma.

v) Further, an undertaking to the effect that the beneficiary has not been reimbursed the cost of digital hearing aids in the past is required to be submitted by the employee in the prescribed format (attached), which in turn shall have to be authenticated by an officer concerned (CHSS), authorised for the purpose, in the Centre.

2. The claim shall be examined at Centre level by the committee constituted for the scrutiny of high value claims, before settling the claim. Further, Centres should appropriately keep a record of purchase of the machine.

3. This issues with the approval of the Competent Authority.

3.7.2026

(पी अरुणा / P Aruna)
अवर सचिव, भारत सरकार /Under Secretary to the Government of India
फोन /Tele: 080-2217 2204
e-mail: chss@isro.gov.in

Encl: a.a.

सेवा में / To

1. All CHSS Administering Authorities in DOS/ISRO Centres/Units.
2. Directors of all DOS/ISRO Centres/Units
3. Administrative Heads of all DOS/ISRO Centres/Units.

प्रतिलिपि/Copy to:

1. Scientific Secretary, ISRO
2. Directors of all Autonomous Bodies (ABs) under DOS
3. CMD, Antrix/NSIL
4. Joint Secretary, IN-SPACe
5. All CMOs/MOs in DOS/ISRO Centres/Units
6. Sr. Head (Internal Audit), CIAW, DOS

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REVISED PROFOMA FOR AVAILING REIMBURSEMENT OF EXPENSES FOR DIGITAL HEARING AID

1.	Name of beneficiary	
2.	CHSS Card Number	
3.	Name and Designation of the Prime Beneficiary	
4.	Centre to which she/he belongs	
5.	Relationship with the Prime Beneficiary	
6.	Nature of ailment	
7.	Certified that: a) the beneficiary suffers from moderate to severe sensor Neural Hearing loss with Aided speech discrimination score, which cannot be improved to 70% by use of Analog Hearing Aid. b) the beneficiary is having Sharply sloping audiogram seen on Pure Tone Audiometry, inverted 'V' audiogram or 'U' shaped audiogram involving 2000 HZ Note: Factors like the age of the Patient/ work requirement and bilateral congenital losses should be taken into consideration by the ENT surgeons before prescribing Digital Hearing Aid for CHSS beneficiaries.	
8.	Whether Digital type hearing aid is required?	

Recommendations of the specialists (ENT): *(Signature & Seal of the Specialist)*

NB: The recommendation of the specialist shall not be as per any Brand name.

P.T.O

UNDERTAKING

(to be filled by the Prime beneficiary)

I _____, Staff Code No. _____, Designation _____, Division/Centre _____, do hereby certify that I have not claimed reimbursement towards cost of Digital Hearing Aid purchased for the following CHSS beneficiary, so far and I am aware that the reimbursement towards the cost of Digital Hearing Aid is applicable for once in a lifetime per beneficiary.

Name & relationship of the beneficiary for whom Digital Hearing Aid is purchased:	:	
Date of purchase:	:	
CHSS Card Number of the beneficiary:	:	

Date:

Signature of the Employee/Prime Beneficiary: _____

Name of the employee/Prime beneficiary: _____

Staff Code/CHSS Card No. _____

[For Office Use]

Certified that as per the records maintained at this Office and also as ascertained from his/her previous offices, if any, (in case of transferred employee/beneficiary), Shri. /Smt. _____, Staff Code/CHSS Card No. _____, *has not been availed reimbursement towards purchase of Digital Hearing aid, so far, for the above beneficiary* (OR) *has already been reimbursed admissible amount towards purchase of Digital Hearing Aid for the above beneficiary on* _____ *(date)* [Strike out whichever is not applicable]

Date:

(Authorised Signatory)

(Seal with Name & Designation)