

APPLICATION FORM FOR REGISTRATION UNDER CHSS BY RETIRED EMPLOYEES

01	Name of the applicant (Dr./Shri/Smt.)	
02	Sex	Male Female
03	Post last held	
04	Computer Code (C.C.) No.	
05	Section	
06	Pay in Pay Matrix of the post (as per 7 th CPC)	
07	Date of initial appointment in RRCAT	
08	Type of retirement	Superannuation/Voluntary Retirement
09	Date of retirement	
10	Whether covered under CHSS at the time of retirement	Yes No
11	If yes, CHSS Card No.	
12	Place	
13	CHSS contribution type	Yearly/Lifelong (Lump sump for 10 years)
14	Address (Present)	
15	Address (for correspondence)	
16	Contact detail- Mobile No./Tel. No./E-mail address	

I fulfill the conditions prescribed for registration and request that the benefits of the Contributory Health Service Scheme of DAE at RRCAT, Indore may be extended to me and my following family member (s):

Name of the beneficiary	Present CHSS No.	Relationship	Date of Birth	Blood Group	Aadhaar Card No.	Occupation & Income

- A.** I hereby certify that:
I am not engaged in any trade/business/profession. I am not also employed either under Government or Private; My family member (s) indicated above fulfill the conditions prescribed for registration under CHSS. I or my family member (s) is not getting any medical assistance/allowance from any source.
- B.** I hereby undertake to pay my contributions as per CHS Scheme.
- C.** I understand that my family member (s) and I can avail medical facilities only as admissible under CHSS.

Date: _____ Signature _____

(Note: A Passport size colour photo & self-attested copy of Aadhaar Card is to be produced with this form for each member)

An amount of ₹ _____ to be deposited towards CHSS.

APO (V)

To,
Pay & Accounts Officer, RRCAT, Indore
[Please forward a copy of Challan to APO (V) when it is received to your Office