

**Application for extension of CHSS cards
to children whose age is beyond 25 years**

Name of the Employee		Designation	Division	Unit
If retired since when	Name of the Beneficiary	Educ. Qual.	Employed: Y/N	Married/Single
CHSS No.	Age/DOB	Residential Address:		
Emp. Details	Income p/a	Telephone No.	Office: Residence:	
Physical Disability				
Psychological Disability				

Details of other children of prime beneficiary:

Sr. No.	Name	Age	Qualification	Employment Details

Income of:

Prime Beneficiary	Spouse	Contribution from other family members

Copy of bank pass book(s) be furnished.

If retired prime beneficiary whether a life member: Yes / No

If not validity of CHSS card:

It is certified that the above named dependent is staying with me and is included in my ration card (copy enclosed). I declared that the information furnished above is true and correct, I am aware that furnishing of false information shall lead to initial disciplinary action against me apart from cancellation of the care.

Date: _____ (Signature of Prime Beneficiary)

No.: _____ Date:.....

Forwarded to Medical Social Welfare Office, BARC Hospital with a request to furnish the required information