

BHABHA ATOMIC RESEARCH CENTRE
(Contributory Health Service Scheme)
APPLICATION FOR CHSS CARD
(INITIAL REGISTRATION)

PART I : To be filled in by the Applicant

Note :

1. Membership of CHSS is obligatory for all employees residing in Mumbai, Navi Mumbai & Thane.
2. Married/widowed/divorced or legally separated daughters of an employee, though dependent, on the employee, are not eligible for benefits under CHSS. In the case of adopted children, legally adopted sons and daughters are eligible for benefits under CHSS.
3. Separate applications have to be made for registration of parents (or parents-in-law in the case of female employees) and dependents [Form No. CHSS/4(271)].
4. Spouse of the Govt. Servant and the two children who are wholly dependent are eligible for the benefits under CHSS. Additional children shall be registered by payment of additional contribution.

First Name/ Middle Name/ Last Name	Designation	Division/Section	Unit
Shri/Smt/Kum/Dr./			

Employee No.	Comp. Code No.	Telephone No.	
		Office :	Residence :

Temporary No. if any given by BARC Hosp. for medical	Gender – Male/ Female	Marital Status	Blood Group

Date of appt. :	
Basic Pay:	
Rs.	D.P. Rs.

Residential Address (Pin code Compulsory)	
Bldg Name -	
Flat/ House No.:	Area/ Street -
City :-	
Email ID	PIN CODE

PARTICULARS OF FAMILY MEMBERS

SI. No.	Name (in block capital)	Relationship	Date of birth with certificate	Occupation	CHSS No. (if any)	Date of admission to CHSS
1.		Self		Govt service		
2.		Spouse		Housewife/ employed		
3.						
4.						
5.						
6.						

Whether the spouse is eligible for medical benefits from any other source ?

No.	
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Yes from

(Spouse should not be availing medical facility from employer. Certificate to this effect should be produced. Also submit 2 photographs each of spouse/ child)

I undertake to inform CHSS office about any change which may affect eligibility for CHSS benefits in respect of my family members included above.

I declare that I have read the above instructions and the information furnished above is true and correct.

Date : _____

Signature of Applicant

Part II : For use in Recruitment Section

Ref. :

Date :

Forwarded

Assistant Personnel Officer

To,

APO (CHSS)

Part II : For use in CHSS Office, BARC Hosp.

Registration completed

CHSS No.	Dispensary

Assistant Personnel Officer

BARC Hosp.

Date

To :

1. APO/Admn. Officer, BARC/ _____ (Unit)
2. Accounts Officer () BARC/ _____ (Unit)
3. M.O.In-charge, _____ Dispensary