

To be Submitted in Duplicate

**BHABHA ATOMIC RESEARCH CENTRE**  
(Contributory Health Service Scheme)

Application for issue of fresh CHSS cards in lieu of CHSS cards Lost/Misplaced/Mutilated

Name of the Employee Shri/Smt/Kum/ Dr. \_\_\_\_\_ CHSS/MRD No. \_\_\_\_\_  
with Dispensary \_\_\_\_\_

Designation \_\_\_\_\_ Division \_\_\_\_\_ Comp. Code No. \_\_\_\_\_

Basic Pay with D.P. Rs. \_\_\_\_\_ Tel No. Off. \_\_\_\_\_ Res. \_\_\_\_\_

**PARTICULARS OF CHSS CARDS LOST/MISPLACED/MUTILATED**

SI. No.	Name of the beneficiary	Relationship	Circumstances leading to the loss/misplacement/Mutilation
1.			
2.			
3.			
4.			
5.			

I give my consent to recover at the prescribed rates from my salary towards the CHSS cards lost/ misplaced/mutilated by me.

- Encl : 1. Police Complaint for the lost CHSS cards.  
2. Submit one photograph of each beneficiary.

Signature of  
the employee \_\_\_\_\_

Date \_\_\_\_\_

NOTE : Rates of recovery: @ Rs. 100/- for loss of each CHSS card.  
@ Rs. 25/- for CHSS card more than 5 years old. { with respect of }  
@ Rs. 50/- for CHSS card less than 5 years old. { mutilated cards }

Ref. No. \_\_\_\_\_ Dated \_\_\_\_\_

\_\_\_\_\_  
(Divisional Asst. Personnel Officer)

**For use in CHSS Office**

Issued fresh cards for the following beneficiaries

SI. No.	Name of the beneficiary	Relationship	CHSS/ MRD Number
1.			
2.			
3.			
4.			
5.			

Recover Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) for issue of \_\_\_\_\_ cards lost/ misplaced/ mutilated.

Received \_\_\_\_\_ Cards.

Asst. Personnel Officer (CHSS)