

Government of India  
BHABHA ATOMIC RESEARCH CENTRE  
(Medical Division-CHSS)

BARC Hospital  
Anushaktinagar  
Mumbai - 94

Ref: MD/CHSS/22(1)/2023/OPA-23100

April 26, 2023

**Sub: Renewal of CHSS cards in respect of Parents/Parents-in-law/Dependent relatives and children aged between 18 and 25 yrs for the period from 01.08.2023 to 31.07.2024**

1. Reference is invited to this Section Note No. MD/CHSS/21(1)/2021/OPA-986 dated 14<sup>th</sup> December, 2021, Addendum No. MD/CHSS/21(1)/2021/1103 dated 21.12.2021 and Note No. MD/CHSS/22(1)/2022/OPA-20501 dated 22<sup>nd</sup> December, 2022 regarding revalidation/renewal of CHSS cards in respect of Parents, Parents-in-law, Dependent relatives and children aged between 18 and 25 years, wherein validity of cards for parents/parents-in-law and children between 18 years and 25 years were *suo moto* extended upto 31/7/2023.
2. In accordance with Para 4.2.1, 4.2.2, 4.2.3 of the DAE O.M. No.7/ 55/94 /CHSS/IR&W/37 dated January 22, 1998 read with Note No. 1/7/99/IR&W/200 dated July 27, 2000, DAE Vigilance Note No. VIG-10/10/2020-DAE/Vol.II/15019 dated 14.12.2021 and VIG-10/10/2020-DAE/2617 dated February 22, 2022 on the above subject, every employee/retired employee who is a member of the DAE CHS Scheme has to make declaration in the prescribed form enclosing copies of Income Tax Returns of the previous year (**AE 2023-2024**) and Residence proof of parents and furnish the same to CHSS Office, BARC.
3. Competent Authority in the Department has approved for change of procedure for revalidation of CHSS cards in respect of parents/parents-in-law. The Prime beneficiaries whose parents/parents-in-law are not in receipt of pension and not having any regular income, may furnish declaration in the prescribed declaration form (**copy enclosed**) enclosing copies of NIL Income Tax Returns along with acknowledgement of previous year (AE-2023-24) and Residence proof of parents/parents-in-law from 01.06.2023 to 01.08.2023 at their respective Administrative Divisional Office/Unit. In such cases the concerned employee/prime beneficiary need not visit CHSS Office at BARC Hospital for revalidation. The Divisional Office/Unit shall revalidate the CHSS cards and forward (through email id – [chssoff@barc.gov.in](mailto:chssoff@barc.gov.in)) only the details of the revalidated cards in the prescribed

format **on or before 01.08.2023**. Based on the data furnished by Divisional Office/Unit in the prescribed proforma (**Annexure – I**), the CHSS Office will make entry in their records and update the Hospital Information System (HIS). The forms filled by the prime beneficiary and annexures enclosed may be kept in the concerned Divisional Office/ Unit for their records till the period of validity.

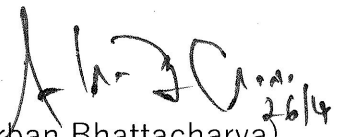
4. In case of **parents/parents-in-law who are having regular income/pension and Dependents** who are registered on payment of Per-Capita Contribution, the revalidation procedure will be done by CHSS Office as per existing procedure. In respect of parents/parents-in-law and Dependents the latest original documentary evidence of **Address proof (Voter ID, Aadhar Card, Nationalized Bank Pass Book, Ration Card) & IT Returns** have to be produced to CHSS Office for verification.
5. As per DAE OM No. 7/14/2016/IR&W/17165 dt. Dec. 28, 2016, Parents/Parents-in-law of the prime beneficiary who are wholly dependent and normally residing with the prime beneficiary and further provided the monthly income of both the Parents/Parents-in-law from all sources does not exceed **Rs. 9,000/-** plus the amount of Dearness Relief (DR) as on the date of consideration of application are treated as dependents. Further, for establishing the dependency criteria, as a proof, a copy of income tax returns along with acknowledgement from Income Tax Department of having filed the IT returns should be submitted.
6. As per Rule No. 4.2.2 of CHSS it shall be the responsibility of the employee concerned to notify the Medical Division, BARC Hospital as soon as any member of the family becomes ineligible for the benefits of the scheme and to surrender the cards. The declaration submitted by the employee will be treated as final and in case it is found to be false, the entire cost on the treatment rendered to the beneficiary during the period of validity shall be recovered from the employee and he/she will be liable for disciplinary action and no further explanation from the employee will be entertained.
7. As per DAE OM No. 7/14/2016/IR&W/17165 dt. Dec. 28, 2016 Revalidation of CHSS cards of children of 18 years and above will be done by the Divisional APOs/AO-III/s/ Sr. PAs authorized for this purpose as communicated vide this Divisions Circular No. BARC/CHSS/4.2.1/5484 dated Nov.17, 2005 issued by C.A.O., BARC. Employees are requested to fill up the Declaration form (Copy enclosed) and submit to the concerned Divisional Office/Unit for revalidation of the cards of children. Divisional Office/Unit may revalidate and issue the CHSS cards and forward only the details of the revalidated cards in the prescribed format (Annexure-II) (through email id **chssoff@barc.gov.in**) on or before 01.08.2023 to APO, CHSS Office, BARC Hospital for updating the Data in the HIMS of BARC Hospital. CHSS Cards of children will be revalidated for a further period of 2 years for children upto 22 yrs. For children

between the age of 22 years to 25 years, DAE Note No.VIG-10/10/2020-DAE/2617 dated February 22,2022 is to be complied, which *inter-alia states* -

“A copy of the income tax return of the previous year (AE 2023-24) in respect of dependent wards who are 22 years and beyond are to be obtained every year for confirmation of income details. However, if the ward is student attending regular classes in a college and is not pursuing distance education or correspondence course, then an appropriate document issued by the bonafide/recognized institute indicating that the dependent ward is pursuing education attending regular classes can be submitted in lieu of the income tax returns apart from a declaration by the employee regarding the ward’s income availing CHSS facility.”

Furthermore, children will not be considered as gainfully employed in case of part time employment, if the same is certified to be so by the employer concerned and the monthly income does not exceed Rs. 6,000/- p.m.

8. Work relating to revalidation/ renewal of CHSS cards of parents/ parents-in-law and dependent relatives, who are having regular income/ pension will be done in CHSS Office, BARC Hospital from **01.06.2023 to 01.08.2023** between 11.00 a.m. to 01.00 p.m. and 02.30 p.m. to 03.30 p.m. strictly as per the annexed schedule. Employees are requested to strictly follow the dates and time mentioned. It may please be ensured that the application for renewal is completed in all respects. Responsibility for the correctness of information furnished to CHSS Office will rest on the prime beneficiary.
9. Request for **revalidation/renewal of CHSS cards after 01.08.2023 will not be entertained** save for exceptional reasons like employees on leave, tour, temporary transfer, deputation etc. which has to be specifically indicated by Divisional/Unit AO-III/APO and in such cases, revalidation/renewal will be done between **02.00 p.m. and 03.30 p.m.** within a month after they report for duty. No beneficiary will be allowed in dispensary/hospital after that date without completing the procedure of re-validation as mentioned above.
10. Hindi version of Circular follows.

  
(Anirban Bhattacharya)

Administrative Officer-III

Encl: Forms for revalidation

**DISTRIBUTION :**

As per list 'A'

1. HEADS of Groups/Divisions/Sections of BARC - (Thro' BTS)
2. CAO, HWB/DPS/DCSEM/TMC-PAREL&TMC-ACTREC /AEES
3. DY. SECRETARY (ADMN.), DAE
4. DGM(P&IR), NPCIL
5. A.O.III, DPS/BRIT/DCSEM/TIFR/HWB/AERB/ISRO
6. UNDER SECRETARY (IR&W), DAE
7. GEN. MANAGER (HRD), IREL
8. ASSTT. COMMANDANT, CISF
9. HOD's of BARC HOSPITAL
10. M.O. INCHARGE, ALL DISPENSARIES

} To place on Notice Board.



## अनुलग्नक /ANNEXURE

यह केवल उन कर्मचारियों के लिए लागू है जिनके माता-पिता/सास-ससुर को नियमित आमदनी है /पेंशन मिल रहा है।

(APPLICABLE ONLY TO EMPLOYEES WHOSE PARENTS/PARENTS-IN-LAW ARE HAVING REGULAR INCOME/PENSION)

(NOTE No. MD/CHSS/20(1)/2023/OPA/ dtd April ,2023)

समय : प्रातः 11.00 बजे से दोपहर 1.00 बजे तक और दोपहर 2.30 बजे से 3.30 बजे तक  
TIMINGS: 11.00 am to 1.00 pm & 2.30 pm to 3.30 pm

| जिन इकाइयों में कर्मचारीगण कार्यरत हैं उनके नाम<br>EMPLOYEES WORKING IN                                       | सीएचएसएस कार्डों के पुनर्वैधीकरण की तारीख<br>DATE OF REVALIDATING THE CHSS CARDS |
|---|--|
| भापअ केंद्र BARC  | 01.06.2023 to 16.06.2023   |
| एईईएस/एईआरबी/एचडब्ल्यूबी<br>AEES/AERB/HWB   | 19.06.2023 to 23.06.2023   |
| टीएमसी-परेल एण्ड टीएमसी - एक्ट्रेक<br>TMC-PAREL&TMC-ACTREC  | 26.06.2023 to 30.06.2023   |
| एनपीसीआईएल/टीआईएफआर/सीआईएसएफ<br>NPCIL/TIFR/CISF   | 03.07.2023 to 07.07.2023   |
| डीसीएसईएम/डीपीएस DCSEM/DPS  | 10.07.2023 to 14.07.2023   |
| डीएई/ब्रिट/इसरो-एम/एनएफसी-एम<br>DAE/BRIT/ISRO-M/NFC-M   | 17.07.2023 to 21.07.2023   |
| कर्मचारी जो उपर दिए गए तारीखों को नहीं आ सके<br>FOR EMPLOYEES WHO COULD NOT COME ON THE DATES MENTIONED ABOVE | 24.07.2023 to 01.08.2023   |

Revalidation/renewal of CHSS cards after 01.08.2023 will not be entertained.

सीएचएसएस कार्डों के पुनर्वैधीकरण/नवीनीकरण दिनांक 01.08.2023 के पश्चात स्वीकार नहीं किया जाएगा

## Annexure-I

**सीएचएसएस सुविधा के पुनर्वैधीकरण के लिए आवेदन प्रपत्र**  
**APPLICATION FORM FOR REVALIDATION OF CHSS FACILITY OF: -**

1. माता-पिता/सास-ससुर PARENTS/ PARENTS-IN-LAW
2. 'संबंधी' की परिभाषा के अंतर्गत पंजीकृत अन्य आश्रित जो प्रति व्यक्ति खर्च का भुगतान करते हैं  
 OTHER DEPENDENTS REGISTERED UNDER DEFINITION "RELATIVE" PAYING PER-CAPITA EXPENDITURE

|  |   |
|--|---|
| मुख्य लाभार्थी का नाम<br>Name of the Prime Beneficiary                               |   |
| पदनाम / Designation  |   |
| अनुभाग/प्रभाग/इकाई/Section /Division/Unit  |   |
| मुख्य लाभार्थी की अधिवर्षिता की तारीख<br>Date of Superannuation                      |   |
| दूरभाष क्रमांक /Telephone Number   |   |
| सं.सं.सं. एवं कर्मचारी सं. / CC No. & Employee No                                    |   |
| मुख्य लाभार्थी की सीएचएसएस संख्या/औषधालय<br>CHSS No. of Prime Beneficiary/Dispensary |   |
| वेतन बैंड में वेतन + ग्रेड वेतन<br>Pay in Pay Band + Grade Pay & Level Pay           |   |
| स्वयं एवं आश्रितों का वर्तमान पता<br>Present Address of Self and Dependents          | राशन कार्ड का पता<br>Address on the Ration Card |
|  |   |

जिन आश्रितों [माता-पिता/सास-ससुर/संबंधी] के कार्डों का पुनर्वैधीकरण करवाना है उनका विवरण:

Particulars of Dependents [Parents/Parents-in-law/Relative] requiring revalidation:

| नाम<br>Name | संबंध/<br>Relation-<br>ship | जन्म तारीख<br>Date of<br>Birth | आय<br>Income | आवास का<br>प्रमाण<br>Address<br>Proof * | अभ्युक्तियां<br>Remarks |
|-------------|-----------------------------|--------------------------------|--------------|---|-------------------------|
|             |                             |                                |              |   |                         |
|             |                             |                                |              |   |                         |

\* (जैसे) राशन कार्ड, आधार इत्यादि (e.g) Ration card, Aadhar, Voter ID etc.,

“मैं एतदद्वारा घोषणा करता हूँ कि ऊपर उल्लेखित मेरे पिता/माता/ससुर/सास/संबंधी मेरे साथ रह रहे हैं और मेरे ऊपर अश्रित हैं। ऊपर दिया गया विवरण सही है और ऐसा ही मेरे वैयक्तिक फाइल और सेवा पुस्तिका आदि के रिकार्ड में है। जैसे ही मेरे परिवार का कोई सदस्य इस लाभ के लिए अपात्र हो जाता है वैसे ही मैं आयुर्विज्ञान प्रभाग को सूचित करूंगा और सीएचएसएस कार्ड वापस कर दूंगा। यदि किसी सदस्य के बारे में कोई सूचना गलत

पाई जाती है तो उस सदस्य का नाम तुरंत काट दिया जाएगा और उसके उपचार पर किया गया संपूर्ण खर्च वापस लिया जाएगा और इसके अतिरिक्त मेरे ऊपर अनुशासनिक कारवाई की जाएगी।”

“I hereby declare that my \*father/mother/father-in-law/mother-in-law/relative mentioned above is/are staying with me and dependent upon me. Particulars furnished above are correct and are as recorded in my Personal File and Service Book etc. I shall notify Medical Division as soon as any member of my family becomes ineligible for the benefit and surrender the CHSS card. In case any information in respect of any member is found to be incorrect, the member's name will be cancelled forthwith, and entire cost on the treatment shall be recovered and in addition I will be liable for disciplinary action.

मुख्य लाभार्थी के हस्ताक्षर और तारीख :

Signature of Prime Beneficiary with date: \_\_\_\_\_

|  |            |
|--|------------|
| कार्ड “एन” (पिता) का पुनर्वैधीकरण किस तारीख तक के लिए किया गया<br>Card “N” [Father] is revalidated upto          | 31-07-2024 |
| कार्ड “एम” (माता) का पुनर्वैधीकरण किस तारीख तक के लिए किया गया<br>Card “M” [Mother] is revalidated upto          | 31-07-2024 |
| कार्ड “एक्स” (ससुर) का पुनर्वैधीकरण किस तारीख तक के लिए किया गया<br>Card “X” [Father-in-law] is revalidated upto | 31-07-2024 |
| कार्ड “वाई” (सास) का पुनर्वैधीकरण किस तारीख तक के लिए किया गया<br>Card “Y” [Mother-in-law] is revalidated upto   | 31-07-2024 |
| कार्ड “पी” ( ) का पुनर्वैधीकरण किस तारीख तक के लिए किया गया<br>Card “P” [ ] is revalidated upto                  |            |

स.का.अ, सीएचएसएस/ संबंधित प्रभाग के स.का.अ./प्रशा.अधि.॥ के हस्ताक्षर और तारीख

Signature of APO, CHSS/ APO/AO-III of the concerned Divn. With  
date\_\_\_\_\_

पुनर्वैधीकरण के समय प्रस्तुत किए जाने वाले दस्तावेज

Documents to be produced at the time of Revalidation:

1. नवीनतम आय प्रमाणपत्र/पेंशन पासबुक आदि की मूल प्रति ।  
Latest Income certificate (ITR of AE 2023-24 with acknowledgment& Form 26 AS)/Pension Pass Book etc. original.
2. आवास का प्रमाण पत्र – राशन कार्ड, आधार, मतदाता पहचान पत्र, पास बुक आदि ।  
**Address Proof – Ration Card, Adhar, Election, Pass Book etc.**
3. लाभार्थी के लिए नए कार्ड जारी करने हेतु उनकी फोटो, यदि पुनर्वैधीकरण के लिए जगह नहीं है ।  
Photograph of the beneficiary, for issue of new card where there is no space for revalidation, and kindly revalidate the date on the CHSS card.

## Annexure-II

## बच्चों के सीएचएसएस कार्डों के पुनर्वैधीकरण के लिए घोषणा पत्र का प्रपत्र

## FORM OF DECLARATION FOR REVALIDATION OF THE CHSS CARDS OF CHILDREN

|  |  |
|--|--|
| मुख्य लाभार्थी का नाम<br>Name of the Prime Beneficiary                               |  |
| पदनाम /Designation   |  |
| अधिवर्षिता की तारीख<br>Date of Superannuation  |  |
| अनुभाग/प्रभाग/इकाई/ Section /Division/Unit   |  |
| दूरभाष सं./Telephone Number  |  |
| सं.सं.सं. एवं कर्मचारी सं. / CC No. & Employee No                                    |  |
| मुख्य लाभार्थी की सीएचएसएस संख्या/औषधालय<br>CHSS No. of Prime Beneficiary/Dispensary |  |
| वेतन बैंड में वेतन + ग्रेड वेतन<br>Pay in Pay Band + Grade Pay & Level Pay           |  |
| स्वयं एवं बच्चों का वर्तमान पता<br>Present Address of Self and Children              |  |

जिन बच्चों के कार्डों का पुनर्वैधीकरण करवाना है उनका विवरण :

Particulars of children requiring revalidation:

| नाम<br>/Name<br>सुश्री/मास्टर<br>Kum/Mast. | जन्मतारीख/<br>Date of<br>Birth | व्यवसाय एवं<br>आय<br>Occupation<br>& Income | विद्यालय/महा<br>विद्यालय<br>School/<br>College | पाठ्यक्रम का<br>विवरण<br>(प्रमाण<br>सहित)<br>Details of<br>the Course<br>(with<br>Proof) | वैवाहिक<br>स्थिति<br>Marital<br>Status | अभ्युक्तियाँ/<br>Remarks |
|--|--------------------------------|---|--|--|--|--------------------------|
|  |                                |   |  |  |  |                          |
|  |                                |   |  |  |  |                          |
|  |                                |   |  |  |  |                          |

“मैं घोषणा करता हूँ कि ऊपर जिन बच्चों का उल्लेख किया गया है, वे अविवाहित हैं और मेरे साथ रह रहे हैं और मेरे ऊपर आश्रित हैं। ऊपर दिया गया विवरण सही है और ऐसा ही मेरे वैयक्तिक फाइल और सेवा पुस्तिका आदि के रिकार्ड में है। जैसे ही मेरे परिवार का कोई सदस्य इस लाभ के लिए अपात्र हो जाता है वैसे ही मैं आयुर्विज्ञान प्रभाग को सूचित करूंगा और सीएचएसएस कार्ड वापस कर दूंगा। यदि किसी सदस्य के बारे में कोई सूचना गलत पाई जाती है तो उस सदस्य का नाम तुरंत काट दिया जाएगा और उसके उपचार पर किया गया संपूर्ण खर्च वापस लिया जाएगा और इसके अतिरिक्त मेरे ऊपर अनुशासनिक कारवाई की जाएगी।”

“I declare that the children mentioned above are unmarried and staying with me and dependent upon me. Particulars furnished above are correct and are as recorded

in my Personal File and Service Book etc. I shall notify Medical Division as soon as any member of my family becomes ineligible for the benefit and surrender the CHSS card. In case any information in respect of any member is found to be incorrect, the member's name will be cancelled forthwith and entire cost on the treatment shall be recovered and in addition I will be liable for disciplinary action".

मुख्य लाभार्थी के हस्ताक्षर और तारीख :

Signature of the Prime Beneficiary with date : \_\_\_\_\_

|  |  |
|--|--|
| कार्ड सी की वैधता की तारीख Card - C revalidated upto |  |
| कार्ड डी की वैधता की तारीख Card - D revalidated upto |  |
| कार्ड ई की वैधता की तारीख Card - E revalidated upto  |  |

पुनर्वैधीकृत करने के लिए प्राधिकृत अधिकारी के हस्ताक्षर और तारीख एवं मोहर :

Signature of Officer authorized to revalidate with date & stamp \_\_\_\_\_

भारत सरकार  
Government of India  
भाभा परमाणु अनुसंधान केंद्र  
BHABHA ATOMIC RESEARCH CENTRE  
(आयुर्विज्ञान प्रभाग-सीएचएसएस)  
(Medical Division-CHSS)

(77)

भापअकेंद्र अस्पताल BARC Hospital  
अणुशक्तिनगर Anushaktinagar  
मुंबई - 94, Mumbai - 94

संदर्भRef:एमडीMD/सीएचएसएस CHSS/22(1)/2022/ओपीए OPA-/2050/December 22, 2022

**विषय: माता-पिता/सास-ससुर/आश्रित संबंधियों एवं 18 वर्ष से 25 वर्ष तक के  
आयु के बच्चों के लिए वर्ष 2023 हेतु सीएचएसएस कार्डों का नवीनीकरण**

Sub: Renewal of CHSS cards in respect of Parents/Parents-in-law/Dependent  
relatives and children aged between 18 and 25 yrs for the year 2023

उपर्युक्त विषय पर पऊवि के दिनांक 27 जुलाई, 2000 की टिप्पणी संख्या 1/7/99/IR&W/200 के साथ पठित दिनांक 22 जनवरी, 1998 के कार्यालय जापन संख्या 7/ 55/94 /CHSS/IR&W/37 के पैरा 4.2.1, 4.2.2 एवं समय समय पर जारी विभिन्न कार्यालय जापनों के अनुसार, सीएचएसएस योजना के अनुसार कर्मचारी के आश्रित माता-पिता/ सास-ससुर/ आश्रित संबंधियों/25 वर्ष से कम आयु के बच्चों को सीएचएसएस सुविधा प्रदान की जाती है।

In accordance with Para 4.2.1, 4.2.2 of the DAE O.M. No.7/ 55/94 /CHSS/IR&W/37 dated January 22, 1998 read with Note No. 1/7/99/IR&W/200 dated July 27, 2000 and various Office Memorandums issued by DAE from time to time on the above subject, CHSS facility is provided to the dependent parents/parents-in-law/dependent relatives/children below the age of 25 years of employees as per CHS Scheme.

2. उपरोक्त के अनुसरण में, आश्रित माता-पिता/सास-ससुर/आश्रित संबंधियों/बच्चों के सीएचएसएस कार्डों के पुनर्वैधीकरण की तिथि एवं समय के संबंध में, कर्मचारियों को प्रति वर्ष नवंबर/ दिसंबर के महिने में परिपत्र जारी कर सूचना दी जाती है। वर्तमान कार्यप्रणाली के अनुसार, दिनांक 1 फरवरी से 31 जनवरी तक सीएचएसएस कार्डों की वैधता बढ़ाने के लिए दिनांक 01 जनवरी तथा 01 मार्च के बीच कार्ड का पुनर्वैधीकरण किया जाता है।

In line with the above, every year a circular is issued in the month of November/December intimating the employees the date and time of revalidation of CHSS cards of dependent parents/parents-in-law/dependent relatives/children. As per the existing practice, the revalidation of cards is done between 1<sup>st</sup> January and 1<sup>st</sup> March every year for the extension of CHSS cards for the period from 1<sup>st</sup> February to 31<sup>st</sup> January.

3. प्रक्रियात्मक अनुकूलता लाने के लिए, इस वर्ष, एकमुश्त उपाय के रूप में विभाग में सक्षम प्राधिकारी ने सीएचएसएस कार्डों के संबंध में कार्डों की वैधता को 31.07.2023 तक बढ़ाने की मंजूरी दे दी है, जो पहले से ही 31.01.2023 तक मान्य है। अस्पताल सूचना प्रणाली को तदनुसार अद्यतन किया जाएगा। सीएचएसएस कार्डों पर प्रत्यक्ष अद्यतन की आवश्यकता नहीं होगी।

To bring procedural compatibility, this year, as a onetime measure, Competent Authority in the Department has accorded approval to extend the validity of CHSS cards Suo-moto upto 31.07.2023 in respect of CHSS cards which are already validated upto 31.01.2023. The Hospital Information System will be accordingly updated. There will be no physical updation required on chss cards.

4. इसके अतिरिक्त, सभी को सूचित किया जाता है कि दिनांक 31.07.2023 के आगे, कार्यरत/ सेवा निवृत्त कर्मचारियों के आश्रित माता-पिता/सास-ससुर/आश्रित संबंधियों और 18वर्ष से 25 वर्ष तक आयु के बच्चों के संबंध में, सीएचएसएस कार्डों का पुनर्वैधिकरण के विषय में विस्तृत परिपत्र अप्रैल, 2023 के महिने में अलग से जारी किया जाएगा।

Furthermore, it is to inform all that a detailed circular for revalidation of CHSS cards in respect of dependent parents/parents in law/dependent relatives and children aged between 18 years and 25 years of serving/retired employees beyond 31.07.2023 will be issued separately in the month of April, 2023.

(डॉ. (श्रीमती) एस. यू. नाडकर्णी/ Dr (Smt) S.U. Nadkarni)  
अध्यक्ष, आयुर्विज्ञान प्रभाग / Head Medical Division

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No. VIG-10/10/2020-DAE/ 2617

February 21, 2022

Subject: Misuse of CHSS facility by employees – regarding.  
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In partial modification to note No. VIG-10/10/2020-DAE/Vol.II/15019 dated 14.12.2021, (copy enclosed), para 2 may be read as follows:

Para 2: The following may kindly be adopted by all concerned.

- (a) A copy of the income tax returns of the previous year in respect of dependent wards who are 22 years and beyond, are to be obtained every year for confirmation of income details. However, if the ward is a student attending regular classes in a college and is not pursuing distance education or correspondence course, then, an appropriate document issued by the bonafide/recognized institute indicating that the dependent ward is pursuing education attending regular classes, can be submitted in lieu of the income tax returns, apart from a declaration by the employee regarding the ward's income, availing CHSS facility
- (c) The word "investigated" may be replaced with "checked".
2. All the other contents of the note dated 14.12.2021, remains unchanged.
3. This issues with the approval of Competent Authority.

Encl: As above

  
(Suresh Nair)

Under Secretary (Vig)

1. All CHSS Administering Authorities.

2. Copy to:

- i) All Heads of Units
- ii) All Administrative Heads of Units
- iii) O/o Chairman, AEC, Secretary, DAE
- iv) PS to JS(A&A), DAE
- v) AO-III, BARC Hospital, BARC
- vi) Director, I.M Sc
- vii) Secretary, Staff Side, DC
- viii) General Secretary, NFAEE

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