

HEAVY WATER PLANT(KOTA)
CONTRIBUTORY HEALTH SERVICE SCHEME
APPLICATION FOR INITIAL ADMISSION TO CHSS

Name:		Designation:		Section	
Pay:		Date of Birth:		Date of Apptt.:	
Residential Address : _____ _____					

Particulars of family members (Wife/Husband/Children who are wholly dependent and residing with the applicant/Employee).

CHSS No. : _____

Ration Card No. : _____

S.No.	Name	Relationship	Date of Birth	Occupation if any	Income, if any
1					
2					
3					
4					
5					
6					

I have read the instruction on the overleaf very carefully and have understood their meaning. I certify that the persons mentioned above fulfill the conditions prescribed and that they are eligible for registration under CHSS.

I hereby undertake to declare at the beginning of every calendar year and as necessary thereafter amount eligibility or otherwise to the CHSS benefits of my self and my family/parents and other members whose name are mentioned above. I shall be my responsibility to notify the Medical Division when any persons referred to above becomes ineligible to the CHSS of DAE benefits and shall promptly responsibility on deposit the CHSS cards of such beneficiaries. I realize that the one of proving eligibility of the members mentioned above to the benefits of the scheme rests on me.

Date; _____

Signature of applicant

To
Asstt. Personnel Officer,
Heave Water Plant(Kota).

INSTRUCTION FOR FILLING UP THE FORM OF THE APPLICATION

1. The terms (Parents) for the purpose of CHSS benefits does not include stop parent, parents should have actually resided 60 days with the employee before they are proposed for inclusion in the CHSS and should continue to reside with the Government servant and be mainly dependent on him. Ration Card should be produced in support/ declaration regarding residence . If the total income of the parents from all source does not exceed the pay of the Government servant subject to the maximum income of the parents being Rs. 500/- per month may be treated as dependent of the Government servant. Income of the land holders, house, fixed deposits, dividend, securities ,deposits employment, pension etc. should be taken into account for the purpose of the total income. The CHSS should be notified by him for suspension cancellation of CHSS facilities and the card shall be also be promptly with CHSS office.
2. Married/Widow/Divorced legally separated daughter of employees though dependent on the employee are not eligible or medical benefits under CHSS, in the case of adopted children only legally adopted sons and daughters are eligible for benefit of the CHSS.
3. If any of the members/dependents for whom the registration is sought is eligible to receive medical aid facility case subsidy cash allowance of reimbursement for or reimbursement of or medical care from source other than the CHSS of DAE particulars of such benefits should be furnished in a separate sheet.
4. If any of members of the family proposed for registration is engaged any trade /business is employee outside the department of Atomic Energy on part/ full time basis full particulars of such occupation should be furnished on separate sheet supported by documentary evidence so that their eligibility for CHSS benefit could be determined.
5. Employees giving false or misleading information will be liable to disciplinary action.
6. An employee residing outside the lining of the project area is eligible to opt out of the CHSS.
7. Persons appointed on purely temporary basis for short terms duration exceeding three months at a time are exempted from the benefits of the scheme.
8. If other dependent(relatives) and servants are to be included in the scheme CHSS form 2 should be completed and forwarded to Asstt. Personnel Officer, HWP(K).

HEAVE WATER PLANT (KOTA)

No. HWP(K)/32/5/85/Admn/

Date; _____

REGISTERED UNDER CHSS NO:

ASSTT. PERSONNEL OFFICER

Medical Superintendent,
Rajasthan Atomic Power Station Hospital,

CC to : Personal file of individual.