Instruction for payment of Life time contribution at the time of Retirement / Death.

1. Whether spouse is working in SAC / ISRO or not, If yes than
   Name of employee:
   Designation:
   P.R. No :, Division :

2. You are required to specially opt for the Life Time Scheme. Without your option, your family
   will not be eligible for coverage under the Scheme in the event of your unfortunate death.

3. You should pay the amount of contribution in advance for ten years.
   (i.e. 129 time of th last month CHSS contribution)

4. While the general definition of ‘family’ applies to you, the coverage will be restricted to the
   family members covered under the Scheme prior to your retirement, and you will not be allowed
   to add any new beneficiary.

5. You are required to take medical attendance and treatment only the CHSS station of your choice
   and not in the palces, including the station where you are residing.

6. You will not be eligible for any travelling allowance for availing medical facilities from the
   sattion where you are residing to the CHSS station for availing specialized treatment in an outside
   hospital/institution.

7. Surrender the CHSS cards of any of your family members when he/she becomes ineligible for
   coverage under the scheme.

8. You are required to give a declaration at the begining of every calander year about the residency
   and dependancy of the family memers covered under the Scheme and also their non-receipt of
   any medical facilities from any other source.

Date:  

(Sign. of Employee)

Encl: The following documents should be attached invariably.

1. Cheque / Demand Draft in favour of “ Accounts Officer SAC”
2. Pay slip of previous month of Superannuation/VR.
3. Two passport size photographs of each beneficiaries.
4. Photo copy of Bank pasbook first page - 02 copies.
5. Dully filled up retirement form. The individual should have to fill Form No. 2 in duplicate
   as it is mandatory.
6. Existintg CHSS card(s) to be submitted while applying for life time scheme.
CONTRIBUTORY HEALTH SERVICE SCHEME

अंशदायी स्वास्थ्य सेवा योजना

(सेवा निवृत्ति के पश्चात अंशदायी सेवा प्राप्त करने हेतु / For availing CHSS after retirement)

1. मैं अपनी सेवानिवृत्ति के पश्चात अं. स्वा. से. यो. सुविधा को जारी रखना चाहता हूँ और मैं ऐतिहासिक अं. स्वा. से. यो. के आजीवन अंशदान का विकल्प देता हूँ | मैं ........................................... रु. की राशि का भुगतान करना चाहता हूँ।

I would like to continue to avail the CHSS facilities after my retirement and hereby opt for Life time contribution of CHSS. I am willing to pay an amount of Rs. ....................................................... ( In words.................................................................)

अथवा /OR

2. मैं अपनी सेवानिवृत्ति के पश्चात अं. स्वा. से. यो. वार्षिक अंशदान के भुगतान के साथ जारी रखना चाहता हूँ।

I would like to continue to avail the CHSS facilities after my retirement with annual payment of CHSS contribution.

अथवा / OR

3. मैं अपनी सेवानिवृत्ति के पश्चात अं. स्वा. से. यो. की सुविधाओ को नहीं रखना चाहता हूँ।

I do not want to continue to avail CHSS facilities after my retirement.

मैं जानता हूँ की अभी दी गया विकल्प अंतिम होगा और इसे परिवर्तित नहीं किया जा सकता।

I understand that option exercised now will be final and cannot be changed

हस्ताक्षर / Signature:

नाम / Name : ................................. वेतन अनुक्रमक सं / PR No. : .................................

सेवानिवृत्ति की तिथि / date of Retirement : ........................................

सेवानिवृत्ति के समय पदनाम / Designation at the time of Retirement: ..........................

आवसीय पता / Residential Address:

फोन नं / Phone No (M). ........................................

सेवा में / To : प्रशासन अधिकारी / Administrative Officer, SAC

अ. स्वा. से. यो. ( सैक ) / CHSS (SAC)
Form of Option for Life time membership under CHS Scheme in respect of retired/retiring employees of DOS/ISRO vide Office Memorandum No. D11011/3/2010-Sec.IV Date 11 मार्च, 2010

I hereby opt for Life Time membership under CHS Scheme. Following are my details:

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name and Designation at the time of retirement</td>
</tr>
<tr>
<td>2.</td>
<td>P.R. No</td>
</tr>
<tr>
<td>3.</td>
<td>Date of Retirement</td>
</tr>
<tr>
<td>4.</td>
<td>Nature of Retirement Voluntary / Superannuation / Death</td>
</tr>
<tr>
<td>5.</td>
<td>Centre at the time of Retirement</td>
</tr>
<tr>
<td>6.</td>
<td>Basic pay at the time of Retirement ₹.</td>
</tr>
<tr>
<td>7.</td>
<td>Rate of monthly contribution ₹.</td>
</tr>
<tr>
<td>8.</td>
<td>Period of Payments already made ................................................................... से ................................... तक</td>
</tr>
<tr>
<td>9.</td>
<td>Payment now being made 1. 10 years – remaining period FROM……………………To…………………..</td>
</tr>
<tr>
<td>10.</td>
<td>Details of the payment made Cheque No.: Date: ₹. Enclosed</td>
</tr>
<tr>
<td>11.</td>
<td>Details of family members covered under CHSS नाम आयु संबंध</td>
</tr>
<tr>
<td>1.</td>
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</table>

I request that Life tile CHSS cards to me and family may pleased be issued.

Date: (Signature)

Ahmedabad नाम / Name:

Full Address:

(1) ई-मेल / E-mail:

(2) मोबाइल / Mobile:

Form of option for Life time membership, duly filled in all respect of above retiried employee is received in CHSS Section on ..............................................

Signature:

Name:
मैं एतद्द्वारा सीएचएसएस योजना के आधीन आजीवन सदस्यता का चुनाव करता हूँ | मेरा विवरण निम्नानुसार है:

<table>
<thead>
<tr>
<th>साबित प्रमाण</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. सेवानिवृत्त के के समय नाम एवं पदनाम</td>
<td></td>
</tr>
<tr>
<td>2. वेतन अनुक्रमांक सं.</td>
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<tr>
<td>3. सेवानिवृत्त की तिथि</td>
<td></td>
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<tr>
<td>4. सेवानिवृत्त का प्रकार</td>
<td>स्वैच्छिक / अधिवर्षिता</td>
</tr>
<tr>
<td>5. जिस केन्द्र से सेवानिवृत्त हुए उसका नाम</td>
<td></td>
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<tr>
<td>6. सेवानिवृत्त के समय मूल वेतन</td>
<td>₹.</td>
</tr>
<tr>
<td>7. मासिक अंशदान की दर</td>
<td>₹.</td>
</tr>
<tr>
<td>8. पहले किये जा चुके भुगतान की अवधि</td>
<td>से तक</td>
</tr>
<tr>
<td>9. अब किया जा रहा भुगतान (अ) १० वर्ष –शेष अवधि</td>
<td>से तक</td>
</tr>
<tr>
<td>10. अब किये गए भुगतान का विवरण</td>
<td>चेक नं. : दिनांक के लिए संलग्न</td>
</tr>
<tr>
<td>11. सीएचएसएस के आधीन समविद्य परिवार के के सदस्यों का विवरण</td>
<td>नाम आयु संबंध</td>
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</table>

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<tr>
<th>का प्रणाली</th>
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</table>

मैं अनुरोध करता/करती हूँ कि कृपया मेरे और मेरे परिवार के लिए आजीवन सीएचएसएस कार्ड जारी किए जाएं।

दिनांक:  
(पत्रधारी)

अहमदाबाद  

नाम:

पूरा पता:

फोन नं. (1) ... ई-मेल E-mail: ...
(2) मोबाइल (M): ...

उपर्युक्त सेवानिवृत्त कर्मचारी का पूर्ण रूप से भरा हुआ आजीवन सदस्यता के लिए विकल्प का पता सीएचएसएस अनुभाग में को प्राप्त हुआ।

पत्रधारी:

नाम:
UNDERTAKING TO BE GIVEN BY RETIRED EMPLOYEE

I am retiring from the service Voluntarily / on Superannuation with effect from .......................... (FN/AN). I hereby undertake that I shall inform to the office regarding my engagement in the trade/business/profession or employment under any Government or otherwise private as and when such events occurs.

आवासिय धात Residential Address:

हस्ताक्षर / Signature:.................................................................

नाम / Name : .................................................................
पदनाम / Designation : .................................................................
बेटेन अनुक्रमांक / P.R. No. : .................................................................
फोन नं. / Ph No. & M : .................................................................
अंतर्वासेय सं. /CHSS No. : .................................................................
TO
ACCOUNTS OFFICER (CHSS)
ACCOUNTS, SAC
2045 / 46 /47

SUB: TRANSFER OF CHSS BILLS PAYMENTS IN STATE BANK OF INDIA
...............................................................BRANCH
           AHMEDABAD -380 ..........

Sir,

I REQUEST YOU TO TRANSFER MY CHSS BILLS PAYMENTS FROM THE MONTH OF 
...................................................... ONWARDS TO

STATE BANK OF INDIA .................................. BRANCH, AHMEDABAD-380 .......

MY STATE BANK OF INDIA SAVING ACCOUNT NO. IS :
..........................................................

THANKING YOU,

SIGNATURE :..............................................................
NAME : ........................................................................
PAY ROLL NO. : ..........................................................
DESIGNATION : ..........................................................
DIVISION : ..............................................................
TELEPHONE NO : ..................................................
MOBILE : ..........................................................

(Copy of pass-book 1st page ( 2 COPIES) should be attched.)
सीएचएसएस फॉर्म CHSS Form 2

भारत सरकार / GOVERNMENT OF INDIA
अंतरिक्ष विभाग / DEPARTMENT OF SPACE
अंतरिक्ष उपयोग केंद्र / SPACE APPLICATIONS CENTRE
अहमदाबाद / AHMEDABAD

अंशदायी स्वास्थ्य सेवा योजना / CONTRIBUTORY HEALTH SERVICE SCHEME

हितार्थियों के नाम जोड़ने हेतु आवेदन पत्र / Application for addition of names of beneficiaries including self

नाम / Name : .................................................................
पदनाम / Designation : ....................................................
डिस्पेंसरी / अनचाँ / Dispensary/AMO : ...................................
निवास का पता / Residential Address : ................................
फ़ोन नं. / Telephone No. : (o) ...................(M) .....................

सम्मिलित किए जाने वाले नितार्थियों का विवरण / PARTICULARS OF BENEFICIARIES TO BE INCLUDED

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Nationality</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Occupation, if any</th>
<th>Income if any, p.m.</th>
<th>Marital Status / Remarks</th>
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मैंने पिछले मास में दिये गए निर्देशों को सावधानीपूर्वक पढ़ा है तथा उसका अर्थ समझा लिया है । मैं प्रभावित करता हूँ कि उपरोक्त दशाओं में खास व्यक्ति निर्धारित शर्तों को पूरा करते हैं तथा वे सीएचएसएस के आधिकारिक पंजीकृत होने के पात्र हैं ।

I have read the instructions on the reverse side very carefully and have understood their meaning. I certify that the persons mentioned above fulfil the conditions prescribed and they are eligible for registration under CHSS.

मैं यहां आश्र्वासन देता हूँ कि प्रत्येक कैलेंडर वर्ष के प्रारंभ में तथा इसके पश्चात भी पात्रता अथवा एवं मेरे अभिभावक/परिवार के सदस्यों ने निर्धारित शर्तों को सावधानीपूर्वक पूरा किया है । मैं प्रभावित करता हूँ कि उपरोक्त में से कोई व्यक्ति सीएचएसएस के लाभ के बारे में जानता नहीं हो गया। मैं यह उपत्यका करता हूँ कि जब भी उपरोक्त में से कोई व्यक्ति सीएचएसएस के लाभ के बारे में जानता हो तब उसके सुझाव सीएचएसएस अनुमोदन को दूर तथा उसे अभिभावक या परिवार के सदस्यों को पात्रता सावधान करने के दायित्व मुझे पर निम्नें है ।

I hereby undertake to declare at the beginning of each calendar year and as soon as necessary thereafter about the eligibility or otherwise to the CHSS benefits of myself and my parents / family members whose names are mentioned above. It shall be my responsibility to notify the CHSS Section when any person referred to above becomes ineligible to the CHSS benefits, and shall promptly deposit the CHSS cards of such beneficiaries. I realise that the onus of proving eligibility of the members mentioned above to the benefits of the scheme rests on me.

कृपया मुझे यह स्पष्ट कराएं कि योजना का लाभ प्राप्त करने लिए उपरोक्त दशाओं के अनुसार मेरे परिवार की पात्रता सावधान करने के दायित्व मुझे रहेंगे।

Please indicate marital status in the case of son, daughter, brother and sister.
Certificate in respect of parents

I certify that my parents whose names are mentioned above are mainly dependent on and residing with me.

Date: To:

Signature

Administrative Officer, CHSS

Instructions of the employees

1. The term ‘Parents’ for the purpose of CHSS benefits does not include ‘step parents’ parents should have actually resided at least for 60 days with the employee before they are proposed for inclusion under the CHSS, and should continue to reside with the Government Servant and be mainly dependent on him. If the total income of the parents from all sources does not exceed the pay of the Government Servant, subject to the maximum income of the parents being Rs.18000/- per month, such parents may be treated as mainly dependent on the Government Servant. Income from land holdings, houses, fixed deposits, dividends, securities, deposits, employment, pension etc., should be taken into account for the purpose of the total income of both the parents. If the parents of an employee move out for more than 60 days continually, the CHSS Section should be notified by the employee for suspension/cancellation of CHSS facilities. The CHSS cards shall also be promptly deposited with the Administration.

2. Only unmarried dependent children are eligible for CHSS benefits. Married daughters of employee, though dependent on the employee are not eligible for medical benefits under CHSS. In the case of adopted children, only legally adopted sons and daughters are eligible for the benefits of the CHSS.

3. If any of the family members/dependents for whom the registration is sought is eligible to receive medical aid/facility, cash subsidy, cash allowances or reimbursement for medical care from sources other than the CHSS of DOS, particulars of such benefits should be furnished on a separate sheet.

4. If any of the members of the family proposed for registrations is engaged in trade/business or is employed outside the DOS on part/full time basis, full particulars of such occupation should be furnished on a separate sheet duly supported by documentary evidence so that their legibility for CHSS benefits could be determined.

5. Employees giving false or misleading information will be liable for disciplinary action.

FOR USE IN CHSS SECTION

CHSS Card No._________________________

Added with effect from:

Date: ____________________________

Admin. Officer (CHSS)

Received CHSS Cards. _________________

Date: ____________________________

Signature of the employee
**Application for addition of names of beneficiaries**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Nationality</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Occupation, if any</th>
<th>Income, if any, p.m.</th>
<th>Marital Status/Remarks</th>
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<tbody>
<tr>
<td>1.</td>
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</tbody>
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I have read the instructions on the reverse side very carefully and have understood their meaning. I certify that the persons mentioned above fulfill the conditions prescribed and they are eligible for registration under CHSS.

I hereby undertake to declare at the beginning of each calendar year and as soon as necessary thereafter about the eligibility or otherwise to the CHSS benefits of myself and my parents / family members whose names are mentioned above. It shall be my responsibility to notify the CHSS Section when any person referred to above becomes ineligible to the CHSS benefits, and shall promptly deposit the CHSS cards of such beneficiaries. I realise that the onus of proving eligibility of the members mentioned above to the benefits of the scheme rests on me.

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Date:

To:________________________

Signature

Instructions of the employees

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FOR USE IN CHSS SECTION

CHSS Card No.________________________

Added with effect from:

Date:________________________

Admin. Officer (CHSS)

Received CHSS Cards. _________________

Date:________________________

Signature of the employee
<table>
<thead>
<tr>
<th>Form 8</th>
<th>Name of the employee</th>
<th>Relationship &amp; Name of the beneficiary</th>
<th>Date of Birth</th>
<th>Birth Group</th>
</tr>
</thead>
</table>

|--------------|---------------------|-----------------|-----------|--------------|

**Note:** This table is part of a form related to the Ministry of Space Applications Centre (Contractual Health Service Scheme) in Ahmedabad, Gujarat.
<table>
<thead>
<tr>
<th>निर्णय</th>
<th>रोग विषयक निदान और निष्कर्ष</th>
<th>उपचार</th>
</tr>
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<tbody>
<tr>
<td>Date</td>
<td>Clinical findings and diagnosis</td>
<td>Treatment</td>
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12
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