

Government of India
Department of Space
Space Applications Centre
Ahmedabad.

Date: _____

To,
Administrative Officer,
CHSS, SAC,
Ahmedabad.

Sub: Please issuing of CHSS card for my Dependent.

This is to inform you that my _____ CHSS
Card is expired. Kindly issue a new CHSS Card.

Details of beneficiary:

Sr. No.	Dependent Name	Relation	CHSS No.	Blood Group
1				
2				
3				
4				
5				

Regards,

From:

Enclose: