

Name: \_\_\_\_\_

P.R.N.O. \_\_\_\_\_

Designation: \_\_\_\_\_

Tel. No. \_\_\_\_\_

Division: \_\_\_\_\_

Date: \_\_\_\_\_

To  
The Administrative Officer  
CHSS- SAC.

Dear Sir,

Sub: Transfer of CHSS case file –Reg.

I have been availing medical facilities under CHSS from Dr. \_\_\_\_\_, MO/AMO located at \_\_\_\_\_ w.e.f. \_\_\_\_\_ I would like to transfer my medical case file to Dr. \_\_\_\_\_, MO/AMO located at \_\_\_\_\_ for the following reasons:-

1. Change of residence :

Old residential address	New residential address	Date of change To new address

(i) Distance in kms. from old residence to present /existing Dr. / Dispensary \_\_\_\_\_

(ii) Distance in kms from new residence to existing / Dr. / Dispensary \_\_\_\_\_

(iii) Distance kms. from new residence to Dr. Dispensary sought \_\_\_\_\_

2. Any other reasons :-

Particulars of CHSS Card(s) held by me are:

Si.No.	Name	Relationship	CHSS Card No.
1.			
2.			
3.			
4.			
5.			

Thanking you,

Yours faithfully,

Signature