



P:O: SAINIK SCHOOL, BHUBANESWAR-751 005

APPLICATION FOR AVAILING CHSS BENEFIT FOR THOSE WHO HAVE RETIRED PRIOR TO SEPTEMBER 2018.

1.	NAME OF THE PENSIONER/FAMILY PENSIONER	:	
2.	DESIGNATION AT THE TIME OF RETIREMENT	:	
3.	DATE OF RETIREMENT/DEATH	:	
4.	LAST PAY AT THE TIME OF RETIREMENT	:	
5.	PRESENT PENSION/ FAMILY PENSION AMOUNT	:	

DOCUMENTS FOR PENSIONERS/ FAMILY PENSIONERS/ MEMBERS:

RESIDENTIAL PROOF ANY ONE OF THESE (AADHAR CARD/ VOTER CARD/ PASSPORT/ RATION CARD/ BANK PASSBOOK)	:	
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1. **CERTIFICATE**:NON RECEIPT OF ANY MEDICAL BENEFIT PROVIDED BY ANY GOVT. SOURCE (SELF CERTIFICATION)

DEPENDENT FAMILY MEMBERS:

1.	NAME OF THE SPOUSE	:	
2.	DATE OF BIRTH (DD/MM/YYYY)	:	
3.	OCCUPATION	:	EMPLOYED* <input type="checkbox"/> NOT-EMPLOYED <input type="checkbox"/>
*IF EMPLOYED INCOME CERTIFICATE TO BE SUBMITTED			

DOCUMENTS FOR SPOUSE:

RESIDENTIAL PROOF ANY ONE OF THESE (AADHAR CARD/ VOTER CARD/ PASSPORT/ RATION CARD/ BANK PASSBOOK)	:	
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1. **CERTIFICATE**:NON RECEIPT OF ANY MEDICAL BENEFIT PROVIDED BY ANY GOVT. SOURCE (SELF CERTIFICATION)

DAUGHTER (ANY OTHER DEPENDENT):

1.	NAME OF THE DEPENDENT MEMBER	:	
2.	DATE OF BIRTH* (DD/MM/YYYY)	:	
3.	RELATIONSHIP WITH PENSIONER	:	
4.	NATURE OF DEPENDENCY	:	

FOLLOWING DOCUMENTS MAY PLEASE BE SUBMITTED :

DAUGHTER/ANY OTHER DEPENDENT :

- DATE OF BIRTH (DOB) CERTIFICATE*
- RESIDENTIAL PROOF*
- MARRIAGE CERTIFICATE
- PWD CERTIFICATE (IF ANY)
- MEDICAL FACILITY AVAILED (IF ANY)
- INCOME PROOF (IF ANY)

***(COMPULSORILY TO BE DEPOSITED)**

DECLARATION

I, HEREBY DECLARE THAT ABOVE INFORMATION FURNISHED BY ME IS TRUE TO THE BEST OF MY KNOWLEDGE AND FURTHER, NEITHER MYSELF NOR MY SPOUSE IS AVAILING ANY MEDICAL BENEFIT FROM ANY GOVERNMENT SOURCE.

PLACE :

DATE :

SIGNATURE OF PENSIONER/ FAMILY PENSIONER