



INSTITUTE OF PHYSICS
APPLICATION FOR CHSS CARD(S) (FOR RETIRED EMPLOYEES)

[Photo]

Name		ID Card No.	
Designation (at the time of Retirement)		Date of Joining in IOP	
		Date of Retirement	
Date of Birth		Whether under Old Pension Scheme / NPS/ Family Pension	
Residential Address:		Last Pay Drawn at the time of Retirement on Superannuation/ VRS/ Invalidation/ Death	
		Rs.	

DETAILS OF PAYMENT MADE TOWARDS ANNUAL/ LIFETIME CONTRIBUTION

Money Receipt Number	Date	Amount	Annual/ Lifetime

PARTICULARS OF FAMILY MEMBERS

Sl. No.	Name	Relationship	Date of Birth	Occupation	Monthly income from all sources
1.		SPOUSE			

Declaration

1. I certify that my family members, whose details are furnished above, fulfil the conditions prescribed (printed overleaf), for availing CHSS benefits.
2. I hereby undertake to communicate immediately and surrender the respective medical cards, in the event of any of my family members becoming ineligible for availing CHSS benefits.

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

The information on details of family, verified and found correct.

Authorized Signatory of the Institute

No. /IP

Date:

Registered under CHSS Number:

CHSS Number:

Copy to :

1. Pay & Accounts Officer, HWP(I)
2. CHSS File (Pensioner)

LCWO/APO

Received

CHSS Card(s)

Signature of the Applicant