



INSTITUTE OF PHYSICS
APPLICATION FOR CHSS CARD (FOR Scholars)

Name		ID Card No.	
Nature of Position		Date of Appointment (Office Order No.)	
Date of Birth		Date of Completion of Tenure	
Residential Address:		Permanent Address	

Declaration

I hereby undertake to communicate immediately and surrender the medical card, in the event of completing my Course/ Tenure in the Institute.

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

The information furnished by the Applicant, 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. Accounts Officer, loP
3. CHSS File (Pensioner)

LCWO/APO

Received

CHSS Card(s)

Signature of the Applicant