

## **Conditions for availing CHSS Medical Benefits from NISER through HWP Talcher**

- CHSS is mandatory for every registered bona fide trainee/student of NISER unless he/she has:
  - He/she has an equivalent medical insurance cover. \*
  - Is availing a governmental health scheme as a dependent beneficiary. \*
- \*In both the above cases individual must submit relevant documents/ photocopy of health scheme along with the application form. If no such documents are received the student will be considered eligible for CHSS.
- All trainees/students must fill up the CHSS application form in the prescribed format and submit it with **two recent passport size photographs** (name written behind) for verification and certification at the time of physically joining NISER. After certification, the form will be forwarded for approval of the competent authority to issue the CHSS card.
- The beneficiary should also submit valid **ID proof** and **date of birth proof** with the application form.
- Individual giving false or misleading information will be liable to disciplinary action.
- CHSS card is a property of NISER and must be returned to NISER once the Trainee/Student completes the course/programme at NISER
- **Note:** If the CHSS card is damaged, new CHSS will be issued after the payment of Rs. 500.00 and if it is lost, the individual will have to submit FIR copy and have to pay Rs. 500.00.

### **Checklist for submission of the complete CHSS application form:**

1. Filled application form
2. Recent Passport size photographs with name written behind X 2
3. ID Proof copy, self-attested
4. Date of Birth proof copy, self-attested

All these to be pinned together with a paper-clip and submitted along with the registration documents at the time of physically joining NISER

### **In case of opting out of CHSS** (Tick as appropriate):

1. I opt out of CHSS through HWP Talcher as I am covered by a medical insurance scheme\*
- OR**
2. I opt out of CHSS through HWP Talcher as I am a dependent beneficiary of a Governmental health scheme<sup>\$</sup>

\*Supporting documents of the relevant scheme / \$Parent's Declaration to be furnished along with the application form.

**If you opt out of CHSS by one of the two above options, do not fill the form on the next page. If you require CHSS, do not sign on this page, fill and sign the form on the next page.**

Date:

Signature of the Applicant

**National Institute of Science Education and Research**  
**CHSS Application Form**

**For Stipend Holder**

Full Name:	Roll No (leave blank if not issued yet).	
Stream: Int. M.Sc	Section/School: NISER	Fellowship / Stipend amount
Date of Joining NISER	Date of Birth:	
Address		

Date:

Signature of the Applicant

**FOR OFFICE USE ONLY**

The information on details of the trainee/student/PDF, verified and found correct.

\_\_\_\_\_  
Authorized Signatory of the Institute

No:

Date:

Registered under CHSS Number:

CHSS Number:

Copy to

1. Pay & Accounts Officer, HWP (I)
2. Accounts Officer, NISER
3. Personal File
4. Medical centre, NISER

LCWO/APO

Received

CHSS Card number:

Signature of the Trainee/Student