

**GOVERNMENT OF INDIA
DEPARTMENT OF SPACE**

CHSS FORM No. 7

(Contributory Health Service Scheme)

(For Reimbursement of Medicine prescribed by AMO)

Form of application for claiming reimbursement of the cost of medicines under the Contributory Health Service Scheme of the Department of Space.

(N.B. Separate form should be used for each patient)

1. Name and designation of Government Servant (in Block letters) :
2. Office in which employed :
3. Actual residential address :
4. Name of the patient and his/her relationship to the Government Servant :
5. CHSS Card No. :
6. **Specialist Consultation**
 1. Name of the Specialist :
 2. The number and date of consultation :
7. Cost of medicines purchased from the market (Cash Memos attached) :
8. Amount claimed :

Declaration to be signed by the Government Servant

I hereby declare that the statement in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me

Signature of the Govt. Servant

The Claim is passed for Rs. _____ (Rupees _____ only)

Admn. Officer:

Accountant

Received Rs. _____ (Rupees _____ only)

Signature of the Govt. Servant