

Government of India
Department of Atomic Energy
Nuclear Fuel Complex
CHSS Section

ECIL Post,
Hyderabad - 500 062.

Ref: NFC/CHSS/01/UT/2016 | 355

March, 29, 2016.

CIRCULAR

Subject:- Enrolment of parents / dependants under CHSS

Of late, several requests are pouring in from the newly recruited employees for enrolment of their dependent parents on the rolls of CHSS. In order to ensure fair use of the facility, following facts are brought to the notice of employees concerned for strict compliance.

In terms of clause 4.1 C of CHSS, parents are regarded as wholly dependent on the Prime beneficiary if they normally/permanently reside with him/her in the same residence and their income (both parents, wherever applicable) from all sources does not exceed Rs. 8000/- p.m. Further, the parents should have actually resided with the Prime beneficiary for a minimum period of 30 days before making requests for including them in CHSS. In terms of clause 4.2 of CHSS, any person availing any other medical aid / facility / medical care from any source from Central / State Government / PSUs / Commercial organisations / CGHS shall not be admitted to the Scheme.

While scrutinising the applications for addition of parents under CHSS, it has been noticed that in most of the cases, especially who are from in the States of AP & Telangana, parents are covered under 'Arogyasree' / similar medical welfare schemes provided by the State Government concerned. Employees whose parents are covered by Arogyasree have been requesting for their enrolment under CHSS and have expressed their readiness to discontinue from Arogyasree. Accordingly, it has been decided to extend the CHSS to such parents subject to the following conditions:

01) Surrendering the Arogyasree cards to the Arogyasree authority and submitting the CHSS form along with the proof of cancellation of membership from Arogyasree.

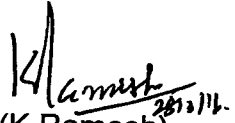
or

Submitting the Arogyasree cards along with undertaking in the enclosed format. The Arogyasree cards will be forwarded to the authorities concerned for cancellation.

02. Submission of documentary proof of residence and dependence of parents with the employee.

All the employees / prime beneficiaries are requested to note the above, in case they intend to enrol their dependent parents under CHSS.

Hindi version follows.


(K.Ramesh)
Administrative Officer-III

All Plants / Sections

1. Chief Executive, NFC - for kind information.
2. All DCEs / GMs / RD, HRPSU / DGMs / DGM, ZC/ SMs / Managers / DM/ OICs
3. COS / CMS / MS/ Medical Officers, NFC
4. Sr.Manager,CD&IT - With a request to place a copy of circular on Website of NFC
5. CAO, NFC
6. JC (F&A), NFC
7. DIG, DAE Headquarters / Commandant, CISF
8. General Secretary, NFCIWU
9. President, NUFCOA / NUFCOSSA/NFCSSAA

Copy for information to :

1. CA&AO, AMD, Hyderabad.
2. Scientist-in-Charge, TIFR, Hyderabad.
3. Scientist-in-Charge, CCCM, Hyderabad
4. Head, RC, Jonaki, BRIT, Hyderabad
5. Principal, AECS-I / II, AAUH, Hyderabad
6. OIC, NPCIL, ECIL Campus, Hyderabad
7. IIW, DAE, Hyderabad
8. Manager-Purchase, RPU(M)City Office, NFC Premises, Hyderabad.
9. Co-ordinator, Retired Employees' Association.

UNDERTAKING

I, _____, Designation _____, EC.No. _____, Plant _____
CHSS No. _____ have submitted an application dated _____ for addition of
my parents/dependents under CHSS, as detailed below:

S.no.	Name	Relationship	Occupation	Income

In this connection, I hereby declare that my parents/dependants detailed above are wholly dependent on me and are residing with me. Further, they are not covered under any other medical scheme extended by any other Central/State Government/ Organization including Arogya Sree.

or

I am surrendering herewith the Arogyasree Cards of my parents/dependents. I would like to include the above family members under CHSS and discontinue the facilities under Arogyasree.

I further state that I am aware that if my above statements are found to be false or I am found misusing the CHSS facility or using both CHSS & Arogya Sree in respect of my parents, I shall be liable for any penal/disciplinary action that may be initiated against me.

Signature :
Name :
Design. :
EC.No. :
Plant :
CHSS No. :

Witness: 1. Sign: _____

(Name & Design.)

2. Sign: _____
(Name& Design.)