



न्यूक्लियर पावर कॉर्पोरेशन ऑफ इंडिया लिमिटेड
NUCLEAR POWER CORPORATION OF INDIA LIMITED

(भारत सरकार का उदयम A Govt. of India Enterprise)

मानव संसाधन निदेशालय Directorate of Human Resource

एनपीसीआईएल, मुख्यालय, 6वां तल, नार्थ विंग, वि.सा.भवन, अणुशक्तिनगर, मुंबई-400094

NPCIL, HQ, 6th Floor, North Wing, V.S. Bhavan,

Anushaktinagar, Mumbai-400094

सी एन.आई.सिन : U40104 MH 1987 GOI 149458



एक ही धरती - एक ही परिवार - एक ही भविष्य
ONE EARTH - ONE FAMILY - ONE FUTURE

No. NPCIL/HQ/HR-Estt./2023

September 6, 2023

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Sub : Reconciliation of CHSS Beneficiaries.

It is proposed to reconcile the CHSS Beneficiaries data of all employees / retired employees with data available in HIS (Hospital Information System). This has been necessitated due to calculation of per capita expenditure and removing the data of expired / ineligible beneficiaries.

All HQ employees are requested to verify their beneficiaries list and if required update the dependent details in IBA. Employees can update by addition/deletion/renewal of dependency, CHSS number, date of birth, reason etc. IBA path details are :-

**HR Module → Emp. Services → LTC → Dependent details →
→ Dependent Declaration.**

The retired employees / beneficiaries are requested to fill up the enclosed format and submit the same for reconciliation. They can send the filled up form to the undersigned by post (or) scanned copy by e-mail to chss.hq@npcil.co.in.

If any beneficiary fails to submit the CHSS Beneficiary data by 15/09/2023, it will be construed that the CHSS beneficiary is inactive and appropriate action will be initiated.

Hindi version follows.


8/9/23

(K. Thiyagarajan)
Sr. Manager (HR-Estt.)

All HQ Employees – through e-notice board.

All Retired employees of NPCIL / beneficiaries – through NPCIL Parivar Portal.

Cc to : DGM (HR-Estt.)

AGM (HR)

ED (HR)

FORMAT FOR RECONCILIATION OF CHSS BENEFICIARY
(Only for Retired Employees / Beneficiaries)

1. Name of Employee / Retired Employee:
2. Employee Number :
3. Computer Code Number :
4. Designation :
5. Unit :
6. Division :
7. Employee Status : Retired

8. Family Details

Sl No	Name of CHSS Beneficiary	Sex Male / Female	CHSS No.	Relation with employee	Age	Date of Birth	CHSS Validity Date

9. Address :

10.E-mail address :

11.Mobile No. :

(Signature)