



NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH, BHUBANESWAR

**CERTIFICATE TO BE SUBMITTED BY THE GOVERNMENT SERVANT/STUDENT FOR ISSUE OF
DUPLICATE HEALTH BOOK / CHSS CARD / IDENTITY CARD**

1. I have reported to the NISER Security, explaining the circumstances regarding the loss of Health Book /CHSS Card/ Identity Card.
2. If lost Health book /CHSS Card / Identity card is found, I shall not misuse it.
3. If the original Health Book / CHSS Card/ Identity Card is found at a later date the same shall be deposited in the Administration Section.
4. That, I have deposited the required fee of ₹_____/ - vide money receipt No. _____, dated _____ (Original money receipt is attached herewith) towards duplicate Health Book / CHSS Card/ Identity Card along with the required form.
5. I shall deposit the duplicate Health Book / CHSS Card/ Identity Card in NISER at the time of my final leaving of NISER.
6. I have submitted the required photograph for issue of duplicate Health Book/CHSS Card (Please submit a passport size photograph for Health Book and a stamp size photograph for Health Card).

Encl.: -As above

Date: -

Signature of the Government Servant/Student

Place: - NISER, Bhubaneswar.

Full Name:

P.F. No./Roll No.:

Designation:

School/Section:

NB: - Fee for issue of duplicate Health Book - ₹ 100/-

CHSS Card - ₹ 100/- (As per extant CHSS Rule)

Identity Card - ₹100/-