



भारत संचार निगम लिमिटेड
(भारत सरकार का उपक्रम)
BHARAT SANCHAR NIGAM LIMITED
(A Govt. of India Enterprise)

From

The Chief General Manager,
BSNL, Tamilnadu Circle,
Chennai - 6.

To

PGMs/GMs of all SSAs.

No. APTB /MRS/Retired Employees/2 Dated @ Chennai the 03.05.2017.

Sub: Restoration of Without Voucher facility to Retired Employees
under BSNL MRS - reg.

Ref: C.O.ND Lr.No. BSNL/Admn-1/15-22/14 dated 17/4/2017.

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Kindly refer to the letter under reference for information, guidance and necessary action.

Accordingly all SSAs are requested to collect OPTION FORMS from the Retired Employees who opt for without voucher facility and maintain records accordingly. Specimen of option form is enclosed. The last date for submission of option may be fixed as 15/06/2017. The retired employees may be asked to enclose the following along with their option for deciding the quantum of amount payable in view of option exercised for payment without vouchers.

- 1) Copy of PPO.
- 2) Copy of Revised PPO issued, if any.

The SSAs should furnish information in the prescribed proforma in the First week of the subsequent quarter to circle office for onward submission to Corporate Office.

Dy. General Manager (Finance)
O/o CGM, BSNL, TN Circle,
Chennai - 600006.

Encl:-Proforma.

BHARAT SANCHAR NIGAM LIMITED
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BSNLMRS REGISTRATION FORM FOR RETIRED EMPLOYEES

1. Name of Retd. Employee: _____ 2. Father's Name _____
 3. Place of Last Posting _____ 4. Designation _____
 5. Last Month's salary: (i) Basic _____ (ii) D.A. _____
 6. Address after Retirement: _____
 7. Telephone No: _____ 8. e-mail _____
 9. Nearest BSNI SSA Office _____

10. Details of Family Members:

Sl.No.	Name	Date of Birth	Relationship with the employee	Blood Group (if available)

11. Option for Outdoor treatment (under BSNLMRS):
[tick either (i) or (ii)]

- i) Outdoor/Domiciliary treatment from RMPs: Reimbursement against voucher (as per Para 2.1.0)
- ii) Outdoor/Domiciliary treatment: Entitlement without voucher (as per para 2.1.1)

Declaration:

I hereby declare that above mentioned members of my family are fully dependent on me i.e. their income from all sources does not exceed Rs. 1,500/- per month. If the above information is found to be false at any time, company can take action against me as per Rules or as deemed fit.

Signature of Employee

FOR OFFICE USE ONLY

Column I to 10 verified

Advice Memo issued: No. _____ Date _____

Signature of Issuing Authority

P. K. S.

(12) PAN. NO. —

(13) Adhaar NO. —