

राष्ट्र दूरसंचार परिमंडल, भा.सं.नि.लि. प्रशासनिक भवन,

4th मजिल, "A" विंग, जुहू तारा रोड,

सांताक्रुज (पश्चिम), मुंबई-400054

दूरध्वनि - 022 26467565 फ़ैक्स 022 26619902

Maharashtra Telecom Circle,

BSNL Administrative Building, 4th Flr, 'A' Wing,

Juhu Tara Road, Santacruz (W), Mumbai- 54.

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भारत संचार निगम लि.

(भारत सरकार का उपक्रम)

BHARAT SANCHAR NIGAM LTD

(A Govt. Of India Enterprise)

No.CGMT/MH/Admn-II/BSNL MRS OPTION/2017/05

Dt : 03/ 06/2017

To,

All SSA Heads in MH Telecom Circle.

Sub: Restoration of extension of OPD Medical Claim
without voucher facility to retired employees.

Ref : No: BSNL/Admn-I/15-22/14 Dt : 17/04/2017 from C.O New Delhi.

Kindly refer the letter under reference regarding restoration of without Voucher facility to retired employees under BSNL MRS . Accordingly all SSAs are requested to collect option forms from the retired employees who opt for without voucher facility . Specimen of option form is enclosed herewith. The collected informations may be used for updating in ERP for quarterly payment to the retired employees. The retired employees may be asked to enclose following documents along with their options.

1. Copy of Last Pay Certificate or Copy of Last pay drawn from PPO order or latest revised pension order.
2. Copy of PAN card.
3. Copy of ADHAR Card.
4. Copy of BSNL MRS Card (All Self attested)
5. Cancelled Cheque (other than PENSION BANK ACCOUNT)

The last date for submission of option may be fixed as 26/06/2017.

Encl : As above

(R.C. Chavan)

Dy. General Manager (Admn)

O/o CGMT, MH Circle,

Mumbai – 400054

Copy to :

- 1) All Unit Heads of Circle Office Mumbai.
- 2) Accounts Officer (Claims) CO Mumbai.
- 3) All Circle Secretaries of unions/Associations in MH Circle.

BSNL MRS REGISTRATION FORM FOR RETIRED EMPLOYEES

Vide BSNL CO ND Ltr No. BSNL/Admn.1/15-22/14 Dated 11/04/2017

1. Name of Retd. Employee.....HRMS.....
2. Name of Pensioner.....
3. Father's/Husband's Name.....
4. Date of appointment and Unit.....
5. Date of retirement and Unit.....
6. Place of Last Posting..... 7. Designation.....
8. Last Month's Salary: (i) Basic..... (ii) D.A.....
9. Present Address after Retirement:
10. Contact No: 11. E-mail.....
12. Nearest BSNL SSA Office:
13. Details of Family Members:

S.No	Name	Date of Birth	Relationship with the employee	Blood Group if available
1				
2				
3				
4				

14. Option for Outdoor treatment (under BSNL MRS): ((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 the above mentioned members of my family are fully dependent on me i.e. their income from all sources does not exceed Rs.3500/- per month. If the above information is found to be false at any time, comp any can take action against me as per rules or as deemed fit.

Enclosures- (All self-Attested)

1. Copy of Last Pay Certificate (OR)
Copy of Last Pay drawn from PPO order or latest revised Pension Order.
2. Copy of PAN Card.
3. Copy of AADHAR Card
4. **Cancelled Cheque (Other than PENSION BANK ACCOUNT)**
5. Copy of BSNL MRS Card.

Signature of Retired Employee
Name In capital