
Bharat Sanchar Nigam Limited

(A Govt. Of India Enterprise)

Office of the Chief General Manager Telecom, M P Circle, Bhopal.

WL/Outdoor medical option /Retired Employees/2017/6
Bhopal dated 22/05/2017

To,

All BA Heads
All SSA Heads
The CE (Civil/Electrical)
MP Circle.

Sub : Restoration of without voucher facility to Retired employees under BSNL MRS.
Ref : Corporate office letter No.BSNL/Admin. I /15-22/14 dated 17.04.2017.

Kindly refer above cited letter on the subject matter, it has been brought to notice of this office that many SSAs are not taking keen interest to get the option form from the retired employees. The CGMT, MP Circle, Bhopal has viewed it very seriously & desired that work should be completed by 15/6/2017.

In this regard, I am directed to request that, kindly arrange to appoint SDE (Admn) as Nodal officer at SSA level and get the option form completed latest by 15.06.2017 as desired by CGMT, MP Circle pl.

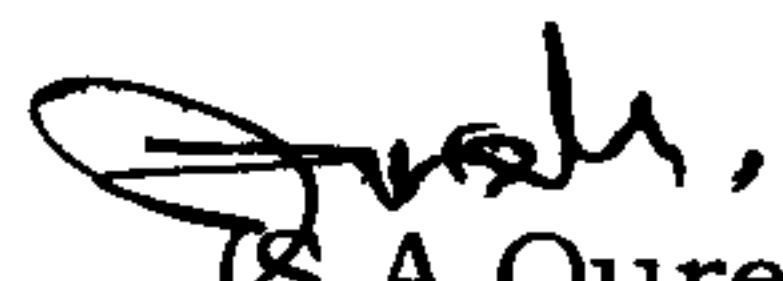
Option form should be made over to concerned Accounts Officer who will be preparing the list in the prescribed proforma for further necessary action please.

The information in this regard may be furnished to this office weekly for kind perusal of CGM Sir pl.

This issue with the approval of competent authority.

Encls:.

1. Sample copy of option form.
2. List of retired employees opted for without voucher facility.


(S A Qureshi)
Asstt. General Manager (Welfare)
O/o CGMT MP Circle, Bhopal.
0755-2765681

BHARAT SANCHAR NIGAM LTD.
(Govt of India Enterprise)
O/o the CGMT, MP Circle, Bhopal

BSNL MRS OPTION FORM FOR OUTDOOR CLAIM IN RESPECT OF RETIRED
EMPLOYEES

1. Name of Employee: ----- 2. Father's Name-----
3. Designation:----- 4. Place of last posting: -----
5. STAFF/HRMS/PERNER NO.: -----
6. Last month's salary: (i) Basic -----(ii) DA -----
7. Tele/Mobile No.)-----
8. Address after retirement -----

9. Options for outdoor treatment (under BSNLMRS):- (tick either (i) or (ii) .

Medical Option	Outdoor/Domiciliary treatment from RMPs reimbursement against vouchers (as per 2.1.0.)	Outdoor/Domiciliary treatment : Entitelment without vouchers (as per 2.1.1.)
To opted for the year 2017-18 (tick any one option)		

Note :-

- Option regarding mode of outdoor treatment once excersied in BSNL MRS registration form cannot be changed during that financial year.
- Retired employees must give Bank Account No. name of Bank and Branch

(To be submit in Duplicate)

Bhopal Dated-----

(Signature of Employee)

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List Of Retired Employees opted for without voucher facility.

Name: SSA/Circle		Designation	Date of Retirement	Date of exercising the option	annual ceiling	50% of the ceiling admissible for without voucher facility	Quarterly Instalment
S.No.	Name						
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

Signature
Name

Designation of the sending authority
Telephone No. Landline & Mobile with STD code