



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.

\* \* \* \* \*

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.

Copy to:-

1. Shri. K Muthiyalu, Secretary  
All India BSNL Pensioners Welfare Association,  
Tamilnadu Circle, Chennai.
2. Shri. C.K.Narasimhan, Circle Secretary  
All India BSNL-DOT Pensioner's Association,  
Tamilnadu Circle, Chennai.

## 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

**BHARAT SANCHAR NIGAM LIMITED**  
(A Government of India Enterprise)

**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 BSNL 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 RMP's: 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 1 to 10 verified \_\_\_\_\_

Advice Memo issued: No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of Issuing Authority \_\_\_\_\_

*Prabhu*

(12) PAN. No. \_\_\_\_\_

(13) Adhaar No. \_\_\_\_\_

(14) Bank details \_\_\_\_\_

(15) Contact Mobile no: \_\_\_\_\_