BHARAT SANCHAR NIGAM LTD.

BSNL EMPLOYEES MEDICAL REIMBURSEMENT SCHEME **REGISTRATION FORM**

	1 Name	e of Employee:				Designation	ı·
		of posting:	4.	Staff No.:		Basic Pay:	1.
	6. Telep	phone: (Office)				•	
	7. Details of Family Members:						T .
	Sl. No.	Name		Date of Birth		ntionship nemployee	Blood Group (If available)
		•		l	1		1
8. Details of chronic disease, if any: a)							
			,				
			,	 			
9.	 Options for outdoor treatment (under BSNLMRS):- (tick any one of i), ii) or iii)) i) Outdoor/Domiciliary treatment from RMPs: Reimbursement against vouche per Para 2.1.0). 						
ii) Outdoor/Domiciliary treatment: Entitlement without voucher(as per p							para 2.1.1)
	iii) Outdoor/Domiciliary treatment from P&T Dispensaries (as per Para 2.1.2)						
<u>De</u>	claration	<u>:</u>					
ab	me i.e. the	by declare that aboreir income from all nation is found to be as deemed fit.	sources	does not exceed	Rs. 15	500/- per mo	nth. If the
		10	OD OT	FFICE USE ONI		gnature of E	imployee)
		r	UK UI	FICE USE UNI	⊥ Y		
RF	EIGSTRA	ΓΙΟΝ NO. ISSUED)				
\mathbf{C}^{A}	ARD ISSU	ED: YES/NO on -					
(Date of issue)							

Signature of Issuing Authority