## BHARAT SANCHAR NIGAM LTD.

## BSNL EMPLOYEES MEDICAL REIMBURSEMENT SCHEME **REGISTRATION FORM**

	1. Name	e of Employee:		2. Designation:		
		e of posting:	4. Staff No.:	_		
	6. Telephone: (Office) (Residence)					
i	7. Details of Family Members:					
	Sl. No.	Name	Date of Birth	Relationship with employee	Blood Group (If available)	
0	Dataila a	fahaania diaasaa ifaa				
δ.	8. Details of chronic disease, if any: a)					
	c)					
d)						
9.	<ul> <li>9. Options for outdoor treatment (under BSNLMRS):- (tick any one of i), ii) or iii) )</li> <li>i) Outdoor/Domiciliary treatment from RMPs: Reimbursement against vouchers (a per Para 2.1.0).</li> <li>ii) Outdoor/Domiciliary treatment: Entitlement without voucher(as per para 2.1.1)</li> <li>iii) Outdoor/Domiciliary treatment from P&amp;T Dispensaries (as per Para 2.1.2)</li> </ul>					
De	claration	<u>.</u>				
abo	me i.e. the	eby declare that above a eir income from all sou nation is found to be fal as deemed fit.	rces does not exceed	l Rs. 1500/- per mo	onth. If the	
				(Signature of E	Employee)	
		FOR	OFFICE USE ON		<u> </u>	
DE	EIGCTD AT	ΓΙΟΝ NO. ISSUED				
		ITON NO. 1330ED IED : YES/NO on				
	1000		te of issue)			

Signature of Issuing Authority