

FORMAT-IV

APPLICATION FOR REIMBURSEMENT OF CGHS ONETIME PAYMENT OF SUBSCRIPTION AMOUNT PAID BY RETIRED EMPLOYEES OF BSNL (Service / Family Pensioners) (ie. MIGRATED MEDICAL FACILITY, FROM BSNL MRS TO CGHS W.E.F 29/07/2016 as per BSNL CO-ND) 1) AGM(Admn.IV), BSNL CO-ND Lr.No.BSNL/Admin.I/14-15/09(pt.), dtd. 29/07/2016 2) AGM(Admn.III), BSNL CO-ND Lr.No.BSNL/Admin.I/15-3/2017(i), dtd. 17/05/2017		
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SI No.	Letter description	Details
1	Name of the MRS beneficiary/ Retd.Emp.& HR / ERP No.	
2	Post last held	
3	Name of the Unit / Office at the time of retirement / Death	
4	Class of Pension receiving <i>(Service Pensioner / Family Pensioner)</i>	
5	Date of Ending Service <i>(Retirement/Death as per PPO)</i>	
6	Class of Retirement <i>(Superannuation/VRS)</i>	
7	PPO No. <i>(Copy of PPO must be enclosed)</i>	
8	Details of BSNL MRS facility prior to migrate medical facility, from BSNL to CGHS <i>(Copy of surrender certificate must be enclosed)</i>	
i)	MRS card No.	
ii)	Issued authority & Unit / Office Address	
iii)	Date of Surrender BSNL MRS & Certificate issued by	
9	Details of CGHS facility obtained / Payment details <i>(Copy of receipt of CGHS card must be enclosed)</i>	
i)	CGHS Card No. / Type / Date of Issue	
ii)	One time Suscription paid Amount	
iii)	DD No. / Date	
iv)	Name of the BANK	

NOTE: 1)One time payment of CGHS subscription amount will be reimbursed/processed through ERP to the beneficiary subject to availability of Bank Account details.

2) For updation of bank details, a "Proforma for information of Retired Employees/MRS beneficiaries for ERP", may be obtained from concerned Accounts Section and submit alongwith proof of bankpartculars etc. for payment.

DECLARATION

I Hereby declare that the above particulars furnished by me are true and correct to the best of my knowledge and belief.

Signature of the MRS Beneficiary with date :

Address & Contact No. :

Encl.:- COPY OF BSNL MRS CARD SURRENDER CERTIFICATE, CGHS INDEX CARD & PPO / REVISED PPO.