

FORMAT- III

(LETTER OF FORMAT FOR OBTAINING CORRESPONDING MAPPING(IDA TO CDA) LETTER FROM CONCERNED DOT PENSION OFFICE FOR EVALUATION OF CGHS SUBSCRIPTION AMOUNT AND WARD ENTITLEMENT OF BSNL RETIRED EMPLOYEES)

From

(Name) _____ **(Service/Family Pensioner)**

Address:

(Mob: _____).

To

**The Pr.CCA,
Dept. Of Telecommunications,**

Respected Sir,

Sub:- Request for Issue of corresponding mapping of Pay & Scales from IDA to CDA for availing CGHS facilities - in r/o BSNL Pensioners – Reg.

**Ref:- ADG(PAT), GOI, MOC, DOT, OMFile No.4-12(11)/2012-PAT(Part)., dtd. 31/08/2016,
ADG(PAT), GOI, MOC, DOT, OMFile No.4-12(12)/2018-PAT(Part(i)., dtd. 01/07/2019**

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I,(Name) _____ resident of

_____ (Service/Family Pensioner - Date of Ending Service / Retirement (Dt.)

_____ as per PPO No. _____ on Superannuation / VRS / BSNL

VRS-2019), Retired / Deceased employee of BSNL worked as(Designation) _____

(Off.Address) _____), request you to kindly issue me an

authorisation letter for corresponding mapping of Pay & Scale from IDA to CDA for availing CGHS facility

as per DOT order letter cited under reference(copy enclosed for ready reference), as I have been

permitted to migrate from BSNL MRS to CGHS facility by the BSNL organisation.

Thanking you

Yours Faithfully

Date:

Place:

Encl.:- XEROX COPY OF BSNL MRS CARD SURRENDER CERTIFICATE AND PPO / REVISED PPO.