

**MANDATE FORM FOR MEDICAL PAYMENT OF BSNL PENSIONERS/FAMILY
PENSIONERS UNDER BSNLMRS**

1	NAME OF THE PENSIONER/FAMILY PENSIONER (IN BLOCK LETTERS)	
	HRMS NO	
2	DESIGNATION	
3	PRESENT ADDRESS	
4	MOBILE NO.	
5	DATE OF RETIREMENT/DATE OF DEATH	
6	PAN NO.	
7	BASIC PAY AND SCALE AT THE TIME OF RETIREMENT	
8	BANK DETAILS -	
a)	NAME OF BANK & BRANCH WITH ADDRESS	
b)	ACCOUNT NUMBER	
c)	IFSC CODE	

(SIGNATURE OF PENSIONER/FAMILY PENSIONER)

WITH DATE

ENCLOSURES :-

- 1) PHOTOCOPY OF PAN CARD
- 2) PHOTOCOPY OF CHEQUE .