

BHARAT SANCHAR NIGAM LIMITED
(A Govt of India Enterprise)
CALCUTTA TELEPHONES DISTRICT

OPTION FORM
FOR
MEDICAL REIMBURSEMENT SCHEME (BSNLMRS)
(Ref BSNL HQ LETTER NO BSNL/ADMN/1 dated 28.02.03)

1. Name.....
2. Designation.....
3. Staff/PPO No.....
4. Unit of Posting.....
5. Disbursing Officer.....

6. Status (Please Tick) Working Retired

7. Option for Outdoor/Domiciliary Treatment (Pl Tick one)

- a) CGHS
- b) Registered Medical Practitioner
- c) Entitlement Without Voucher
- d) Treatment From P&T Dispensary

(Note 1 Officers/Officials who are availing facilities under CGHS have to surrender CGHS card to AGM(RE) if they wish to opt other than (a)
2 Once option given for P&T Dispensary, it cannot be changed
3 Once option is exercised for (b) or (c) , the option can be changed once in a year in the month of April or at the time of retirement provisionally till further guidelines from BSNL HQ is received on this matter)

Signature of the
SDE/Staff

Signature of the
Controlling Officer

Signature of the
Optee

Date

Date

Date

- Enclose the medical Card (Copy)