

**BHARAT SANCHAR NIGAM LIMITED**  
(A Government of India Enterprise)

**BSNLMRS REGISTRATION FORM FOR RETIRED EMPLOYEES**

1. Name of Retd. Employee: \_\_\_\_\_ 2. Father's Name \_\_\_\_\_  
3. Place of Last Posting \_\_\_\_\_ 4. Designation \_\_\_\_\_  
5. Last Month's salary: (i) Basic ..... (ii) D.A. \_\_\_\_\_  
6. Address after Retirement: \_\_\_\_\_

7. Telephone No: \_\_\_\_\_ 8. e-mail ..... \_\_\_\_\_

9. Nearest BSNL SSA Office \_\_\_\_\_

10. Details of Family Members:

Sl.No.	Name	Date of Birth	Relationship with the employee	Blood Group if available

11. Option for Outdoor treatment (under BSNLMRS):  
[tick either (i) or (ii)]

- i) Outdoor/Domiciliary treatment from RMPs: Reimbursement against voucher  
(as per Para 2.1.0)
- ii) Outdoor/Domiciliary treatment: Entitlement without voucher  
(as per para 2.1.1)

Declaration:

I hereby declare that above mentioned members of my family are fully dependent on me i.e. their income from all sources does not exceed Rs. 1,500/- per month. If the above information is found to be false at any time, company can take action against me as per Rules or as deemed fit.

Signature of Employee

FOR OFFICE USE ONLY

Column 1 to 10 verified.

Advice Memo issued: No. .... Date .....

Signature of Issuing Authority.

*Prabhu*

**BHARAT SANCHAR NIGAM LIMITED**  
(A Government of India Enterprise)

O/o Chief General Manager  
.....

No. ....

Date.....

**ADVICE MEMO FOR BSNLMRS OF RETIRED EMPLOYEES**

No. ....

Date .....

For change of office for availing of BSNLMRS

Approval of competent authority is granted for the change of Paying Office for BSNLMRS w.r.t. Shri/Smt. .... S/o D/o W/o Shri..... retired as .....(designation) ..... from ..... (present paying office) under CGM ..... with immediate effect.

Signature of Issuing Authority

*Pd hats*