

**ANNEXURE - B**

**BHARAT SANCHAR NIGAM LTD.**

**BSNL EMPLOYEES MEDICAL REIMBURSEMENT SCHEME**  
**REGISTRATION FORM**

1. Name of Employee: 2. Designation:  
3. Place of posting: 4. Staff No.: 5. Basic Pay:  
6. Telephone: (Office)----- (Residence) -----  
7. Details of Family Members:

Sl. No.	Name	Date of Birth	Relationship with employee	Blood Group (If available)

8. Details of chronic disease, if any: a)-----  
b)-----  
c)-----  
d)-----
9. Options for outdoor treatment (under BSNLMRS):-  
(tick any one of i), ii) or iii) )
- i) Outdoor/Domiciliary treatment from RMPs: Reimbursement against vouchers (as per Para 2.1.0).
- ii) Outdoor/Domiciliary treatment: Entitlement without voucher(as per para 2.1.1)
- iii) Outdoor/Domiciliary treatment from P&T Dispensaries (as per Para 2.1.2)

**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. 1500/- 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**

REGISTRATION NO. ISSUED-----

CARD ISSUED : YES/NO on -----

(Date of issue)

Signature of Issuing Authority