

**FORMAT-IV**

<b>APPLICATION FOR REIMBURSEMENT OF CGHS ONETIME PAYMENT OF SUBSCRIPTION</b> <b>AMOUNT PAID BY RETIRED EMPLOYEES OF BSNL (Service / Family Pensioners )</b> <b>( ie. MIGRATED MEDICAL FACILITY, FROM BSNL MRS TO CGHS W.E.F 29/07/2016 as per BSNL CO-ND)</b> 1) AGM(Admin.IV), BSNL CO-ND Lr.No.BSNL/Admin.I/14-15/09(pt)., dtd. 29/07/2016 2) AGM(Admin.III), BSNL CO-ND Lr.No.BSNL/Admin.I/15-3/2017(I)., dtd. 17/05/2017		
Sl No.	Letter description	Details
1	Name of the MRS beneficiary/ Retd.Emp.& HR / ERP No.	
2	Post last held	
3	Name of the Unit / Office at the time of retirement / Death	
4	Class of Pension receiving (Service Pensioner / Family Pensioner)	
5	Date of Ending Service (Retirement/Death as per PPO)	
6	Class of Retirement (Superannuation/VRS)	
7	PPO No. (Copy of PPO must be enclosed)	
8	Details of BSNL MRS facility prior to migrate medical facility, from BSNL to CGHS (Copy of surrender certificate must be enclosed)	
i)	MRS card No.	
ii)	Issued authority & Unit / Office Address	
iii)	Date of Surrender BSNL MRS & Certificate issued by	
9	Details of CGHS facility obtained / Payment details (Copy of receipt of CGHS card must be enclosed)	
i)	CGHS Card No. / Type / Date of Issue	
ii)	One time Subscription paid Amount	
iii)	DD No. / Date	
iv)	Name of the BANK	

**NOTE:** 1) One time payment of CGHS subscription amount will be reimbursed/processed through ERP to the beneficiary subject to availability of Bank Account details.  
 2) For updation of bank details, a "Proforma for information of Retired Employees/MRS beneficiaries for ERP", may be obtained from concerned Accounts Section and submit alongwith proof of bank particulars etc. for payment.

**DECLARATION**

I Hereby declare that the above particulars furnished by me are true and correct to the best of my knowledge and belief.

Signature of the MRS Beneficiary with date :

Address & Contact No. :