

FORMAT-III

From

(Name) _____ (Service/Family Pensioner)

Address:

_____. (Mob: _____).

To

The Pr.CCA,
Dept. Of Telecommunications,
Kavadiguda Telephone Exchange Compound, Bholakpur,
HYDERABAD-500080.

Respected Sir,

Sub:- Request for Issue of corresponding mapping of Pay & Scales from IDA to CDA for availing CGHS facilities - in r/o retired employees of BSNL - Reg.

Ref:- ADG(PAT), GOI, MOC, DOT, OMFile No.4-12(11)/2012-PAT(Part)., dtd. 31/08/2016.

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I, (Name) _____ residence of _____ (Service/Family Pensioner-Date of Ending Service(Dt): _____ as per PPO No. _____ on Superannuation / VRS) and retired employee of BSNL (ie.Off.Address) _____, request you to kindly issue me an authorisation letter for corresponding mapping of Pay & Scale from IDA to CDA for availing CGHS facility as per DOT order letter cited under reference(copy enclosed for ready reference), as I have been permitted to migrate from BSNL MRS to CGHS facility by the BSNL organisation (copy of surrender Certificate issued by BSNL enclosed).

Thanking you

Yours Faithfully

Date:

Place: