

FORMAT- I

(LETTER OF FORMAT FOR OBTAINING SURRENDER CERTIFICATE FOR MIGRATION OF MEDICAL FACILITY FROM BSNL MRS TO CGHS, IN R/O RETIRED EMPLOYEES OF BSNL, WHO ARE IN RECEIPT OF CENTRAL CIVIL PENSION ARE ELIGIBLE FOR CGHS IN RECOGNITION OF THEIR SERVICES RENDERED IN DOT/BSNL)

From

Name:

(Retired Employee of BSNL - HR/ERP No. _____),

Residential Address:

_____ (Contact Nos.: _____).

To

(Issuing authority)

Respected Sir,

Sub:- Request for Issue of Surrender Certificate migration of medical facility from BSNL MRS to CGHS- Reg.

Ref:- Pensioners BSNL MRS ID Card No. _____ (D.O.I: _____)

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I, (Name) _____

(Service/Family Pensioner – Date of retirement/Ending Service: _____ as per PPO.

No. _____ on Superannuation / VRS / BSNL VRS-2019 Pension Fixed on

IDA paycales under Head of Account 2071), retired / deceased Employee of BSNL, worked as

(Designation) _____ (Office Address) _____ and

I have been registred as retired beneficiary of BSNL MRS under (Office Address - Head of SSA /

Unit) _____ vide letter cited under reference please.

In this regard, I request you to issue me a Surrender Certificate, as I am willing to migrate my medical facility, from BSNL orgnaisation to CGHS.

Thanking you

Yours Faithfully

Date : _____.

Place: _____.

(_____)

Encl:- Copy of MRS card in original and copy of PPO / Revised PPO