

ANNEXURE – A

MEDICAL FACILITY FOR BSNL EMPLOYEES
OPTION FORM

1. Name of Employee:
2. Designation:
3. Place of Posting:
4. Options for availing Medical Policy:
 - i) CGHS
 - ii) BSNLMRS
5. Details of CGHS Card, if any
 - i) CGHS Card No.:

I, do, hereby certify that I have gone through the notification of BSNL Medical Reimbursement Scheme and am exercising my option after satisfying myself about various provisions under BSNLMRS.

(Signature of Employee)