

ANNEXURE – E

BHARAT SANCHAR NIGAM LTD.

APPLICATION FORM FOR MEDICAL ADVANCE

1. Name of Patient
2. Relationship with Employee:
3. Age:
4. Name of Disease (for which hospitalization is required):
5. Name of Hospital:
6. Name of Employee:
7. Designation:
8. Salary (Basic + DA)/Pension:
9. Basic Pay:
10. Estimated cost of treatment
(Enclose original copy of hospital's estimate)
11. Amount of Advance required for treatment:

Signature:
Designation:
Section:
Tel. No.:
