

For Official use only  
New BSNLMRS Card No.

AGM(Admn.1)

**PROFORMA**

**APPLICATION FOR THE BSNLMRS CARD**

1. Name of the official/officer
2. Designation
3. Whether Pmt/Q.Pmt/Temp/Ad-hoc
4. Employee No./HRMS.No.  
(please enclose photocopy of pay slip)
5. Residence Address  
(Please indicate residential telephone No. also)
6. Previous BSNLMRS Card No. If any  
(Indicate the details of issuing authority)
7. Status of Previous BSNLMRS Card  
(If surrendered furnish copy of surrender certificate)
8. Details of the family members

S.No	Name	Date of Birth	Relation with the Official/Officer
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Signature of the Officer/Official

**Declaration:-\***

1. My husband/wife is working/not working (if working) he/she is not availing medical facility from his/her employer.
2. My parents/parents-in-law are dependent on me. They are not availing medical facility from any source and their monthly income is less than the amount prescribed under CS (MA) Rules. (i.e, Rs.3500/- from all sources)
3. Names of children mentioned above are not availing medical facility from my husband/wife's organisation; they are not earning and dependent on me.

The information furnished above is true. If it is proved false any time I may be liable to disciplinary action as per rules. Any change in status of dependency of any member will be intimated promptly.

Signature of the Official/Officer

\*(strike whichever is not applicable)

**Verification**

Certified that the information given vide S. No. 1 to 5 and 9 is correct as per office Service Book Records.

AO/AD/SO (SEA/PERS/PEN)  
Section Officer (CSS)