

REVALIDATION OF BSNLMRS CARD - 2011-12

UNDERTAKING

BSNLMRS Card No. _____

For getting the BSNLMRS Medical card issued to me revalidated, I do hereby declare:-

- i) that the dependent members whose names included as beneficiaries in the above medical card are continue to be dependent on me and satisfy the eligibility conditions as per the BSNLMR Scheme, and -
- ii) that presently I am not gainfully employed and my spouse is not serving anywhere nor I am receiving any medical facilities from her/his organization.

To facilitate crediting the amount of medical reimbursement/allowance directly to my bank account I am enclosing photocopy of following documents:-

- a) Copy of PAN Card
- b) Copy of cheque leaf depicting account No. & Bank IFSC Code

Signature of BSNLMRS Optee _____

Name _____

Designation _____

Res:Address: _____

Dated: / /2011

Tel No.

Mobile No.

***Note: This certificate should furnish in person by each optees every year preferably in the month of April.**