

OPD form applicable to Retiree who has opted for CGHIS facility

Joint Photograph
3 Inches X 2 Inches
to be attested by
Issuing Authority

PROFORMA FOR OPD MEDICAL FACILITY FOR

RETIRED EMPLOYEE / DEEMED DEPUTATIONIST OF MTNL, MUMBAI.

No.: SM(A) _____

DATE :

1.	Name of the Retiree	
2.	Staff No. / Designation	
3.	Date of Retirement	
4.	GM Unit at the time of Retirement	
5.	Last Pay drawn	
6.	Pension Pay Order No. & Amount of Pension sanctioned	
7.	Pay Scale	
8.	D.D.O. (AO) Unit	
9.	Bank Name & A/c No. & the 9 digit MICR code	
10.	Residential Address	
11.	Residential Teje. No. Mob No.	

Family details as per PPO :

SL.NO.	FULL NAME	AGE	
1.			Self
2.			Name of the living spouse

Declaration :

I, Shri / Smt hereby declare that,

- 1) I am absorbed retired employee of MTNL/Deemed deputationist.
- 2) I am not re-employed elsewhere on full time basis.
- 3) Myself and my spouse is not availing medical facility from anywhere else.
- 4) My Wife/Husband Smt/Shri is not employed and she/he is fully dependant on me.

(Note : The retiree must give the above declaration at the beginning of each Financial year)

Date:

Signature of the Retiree

Signature of SM(A) _____ with Seal