

Admn. Section  
Corporate Office  
Bharat Sanchar Bhawan  
New Delhi



भारत संचार निगम लिमिटेड  
(भारत सरकार का उपक्रम)  
**BHARAT SANCHAR NIGAM LIMITED**  
(A Govt. of India Enterprise)

No. BSNL/Admn.I/15-22/14

Dated: October 13, 2017

To

All CGMs, BSNL  
GM (CA), BSNL Corporate Office

Sub: Restoration of without voucher facility to Retired employees under BSNLMRS.

The decision of restoration of without voucher facility to retired employees is to be reviewed after six month based on the financial implications. Accordingly information was sought from all Circles in a prescribed proforma forwarded with this office letters dated 17<sup>th</sup> April 2017 and 27<sup>th</sup> June 2017 (Copies enclosed for ready reference). The information is still awaited.

Many retired employees and Unions have conveyed that the quarterly instalment of many retired employees have not been released by many Circles. You are requested to furnish the status of release of quarterly instalment and also furnish consolidated information of the Circle sought in the letter for submitted it to Director (HR) for review of the case. Kindly furnish the soft copy of the information in excel sheet also for further consolidation at Corporate Office. Soft copy may be mailed to [dgmadmbsnlco@gmail.com](mailto:dgmadmbsnlco@gmail.com) and [admnbnsnlco@gmail.com](mailto:admnbnsnlco@gmail.com).

  
( Raj Kumar )

Asstt. General Manager (Admn.)  
Tel. No. 23037723, Fax No. 23734260

Copy for information to:

1. PS to Director (HR)

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**BHARAT SANCHAR NIGAM LIMITED**  
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No. BSNL/Admn.I/15-22/14

Dated: April 17, 2017

To

All CGMs, BSNL  
GM (CA), BSNL Corporate Office.

Sub: Restoration of without voucher facility to Retired employees under BSNLMRS.

I am directed to refer to this office OM of even no. dated 11<sup>th</sup> April 2017 regarding restoration of without voucher facility to retired employees as per the guidelines issued vide letter No. BSNL/ADMN.1 dated 28.2.2003 under para 2.1.1.

As the decision is to be reviewed after 6 months., all the controlling offices should maintain detailed information of retired employees seeking option without voucher facility under outdoor treatment and the amount payable during the financial year and quarterly payments payable. All SSAs should maintain a record of retired employees exercising this option. No payments shall be made against the vouchers for the financial year 2017-18 who have opted for without voucher facility. All SSA should furnish information in the prescribed proforma to their respective Circle Offices in the first week of subsequent quarter and Circle office should furnish a consolidated information to Corporate Office in the second week of the subsequent quarter. Copy of proforma is enclosed for reference. While submitting the report a soft copy of the consolidated excel sheet from the Circles may be emailed to [dgmadmbsnlco@gmail.com](mailto:dgmadmbsnlco@gmail.com).

  
( Raj Kumar 17/4/17

Assistant General Manager (Admn.IV)  
Tel. No. 23037723 Fax No. 23734260

Copy for information to:

1. PPS/PS to CMD/Directors, BSNL Board

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Corporate Office  
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**BHARAT SANCHAR NIGAM LIMITED**  
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No. BSNL/Admn.I/15-22/14

Dated: June 27, 2017

To

All CGMs, BSNL  
GM (CA), BSNL Corporate Office

Sub: Restoration of without voucher facility to Retired employees under  
BSNLMRS.

Kind attention is invited to this office letter of even no. dated 17<sup>th</sup> April 2017 (copy enclosed for ready reference), as the 1<sup>st</sup> quarter of the financial is concluding, you are requested to furnish the consolidated information of the Circle sought in the said letter. Copy of proforma is enclosed for reference, you are also requested to furnish the soft copy of the information in excel sheet for further consolidation at Corporate Office. Soft copy may be mailed to [dgmadmbsnlco@gmail.com](mailto:dgmadmbsnlco@gmail.com) and [admnbsnlco@gmail.com](mailto:admnbsnlco@gmail.com).

( Raj Kumar )

Assistant General Manager (Admn.IV)  
Tel. No. 23037723 Fax No. 23734260

## List Of Retired Employees opted for without voucher facility.

S.No.	Name	Designation	Date of Retirement	Date of exercising the option	annual ceiling	50% of the ceiling admissible for without voucher facility	Quarterly Instalment
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

Signature  
Name  
Designation of the sending authority  
Telephone No. Landline & Mobile with STD code