

**FORM FOR DELETION/ADDITION TO FAMILY FOR THE PURPOSE OF
BSNLMRS/LTC**

1. BSNLMRS Card No. : _____
2. Name of the Employee : _____
3. Designation : _____
4. Present Posting with phone No. : _____
5. Deletion to be made : _____

Sl. No.	Name of the family member(s)	Date of birth Age	Marital Status	Relationship with the Employee
I.				
II.				
III.				

6. Addition* to be made : _____

Sl. No.	Name of the family member(s)	Date of birth Age	Marital Status	Relationship with the Employee
I.				
II.				
III.				

*** Enclose documentary proof.**

In case the spouse of the employee is employed, a certificate from his/her employer to the effect that he/she is not available any medical facility/benefit from his/her employer is required to be furnished.

7. Signature of the Employee with date : _____

Certified that the details of family members submitted by the official have been taken into cognisance by making entries in the Service Book.

**Signature of Controlling Officer
with Seal**

Copy for information and necessary action to:-

Deputy Manager (L&A)/Admn.II, BSNL C.O.