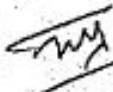


### Annexure-I

S.No.	Name of B.A.	Name of O.A.	BSNLMRS beneficiary (Pensioner) Vender Code	Type of Medical Claim (Indoor/Outdoor)	Fin. Year	Approved Claim Amount as per BSNLMRS (Rs.)
1.						
2.						
3.						
4.						
Total						

  
 26/5/22  
 ADTC(m)