



महानगर टेलीफोन निगम लिमिटेड
(भारत सरकार का उद्यम)
**MAHANAGAR TELEPHONE NIGAM
LIMITED**
(A GOVERNMENT OF INDIA ENTERPRISE)

No. MTNL/CO/Pers/Medical/Rules/2006/278/ 5
Dated: 28/01/2022

OFFICE ORDER

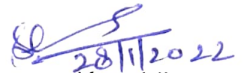
Sub: Inclusion of working spouse of MTNL employees in OPD scheme.

Competent Authority has approved to include working spouse(Income tax payee)of MTNL working employees in OPD Scheme subject to following:-

- 1.Working spouse will not avail medical facility from his/her employer.(An undertaking may be submitted by MTNL working employee in this regard as per Annexure-A).
- 2.OPD reimbursement limit will remain same as per Office Order No MTNL/CO/IRW/22(90)/07/NE/265 dated 07.08.2021.
- 3.Family size(employee+5) will be as per MTNL Family definition dated 02.03.2010 and its amendments.

This will be effective from current Financial year i.e 1.04.2021.

This issues with the approval of Competent authority.


28/1/2022
Shama Kaushik
DGM(HR)

Encl:Annexure-A

Copy to:

- 1.CMD, MTNL.
- 2.Dir(HR)/Dir(Fin)/Dir(Tech).MTNL.
- 3.ED Delhi/Mumbai Unit.
- 4.CVO, MTNL.
- 4.GM(Fin), CO/Delhi/Mumbai.
- 5.GM(Admin), Delhi/Mumbai
6. Company Secretary, MTNL.
- 7.Majority Unions Delhi/Mumbai Unit



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(A) SELF DECLARATION CERTIFICATE

Employee No

Certified that I, Mr./Ms./Mrs..... Staff No..... Designation..... Working in the O/o am not availing medical facilities, or drawing any financial allowances in lieu thereof, either for myself and / or the members of my family from any (other) source, other than under the MTNL Medical Rules 2001 (as amended from time to time).

(B) DECLARATION IN RESPECT OF SPOUSE

(i) Certified that my Spouse Mr./Mrs. is employed with which is a Government Department/PSU/Bank/ Private Ltd. Company/Corporation. He/She is not availing Medical facility from his/her Organization/Employer etc.

OR

(ii) Certified that my Spouse Mr./ Mrs..... is self employed/ Businessman and is an Income Tax payee. His/Her PAN No. is

OR

(iii) Certified that my Spouse Mr./Mrs..... is a Housewife/ Unemployed and has no independent income. She/He is fully dependent on me.

(C) List of my family members and dependent is as details below.

Sl. No.	Name	DOB	Relationship	Marital Status	Income (if any)/ Employment status



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I hereby declare that all statements made in this application are true complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect action can be taken against me by MTNL as per rules.

Signature

.....

Name

.....

Designation

.....

Staff No.

.....