

Application Form for Concessional Phone to retired DOT/DTS/MTNL/BSNL Employee or his / her Spouse
[Vide DOT/HQ Order No. 2-79/94 – PHA dt. 25/09/1998]

N.B.: Please make All entries in BLOCK LETTERS. Indicate choice by TICK MARK.

| | | |
|--------------|---|---|
| APPLICANT IS | <input type="checkbox"/> Retired Employee | <input type="checkbox"/> Spouse of employee who died in harness |
|--------------|---|---|

1. Applicant's Option (Tick one)

- a) Conversion of Service Phone. Give Phone No. _____
- b) Conversion of Service Employee Phone No. _____
- c) Conversion of Private Capacity Phone No. _____
- d) First connection on concessional category . Give nearest Phone No. _____

2. Details of the Applicant .

| | |
|----------------|---|
| Shri /Smt/ Md. | _____ |
| FULL NAME | _____ |
| SEX | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |

Affix a self attested
photograph
(1.6 "x 1")
of the Applicant

3. Address of the Applicant

| | |
|----------------------|-------------------|
| Block / Premises No. | _____ |
| Street/ Village Name | _____ |
| P.O. / District | _____ PIN : _____ |

4. Particulars of Service of the concerned retired Employee.

| | | | |
|--|---|--|--|
| Full name of concerned retired employee | _____ | | |
| Employee's Father / Husband's Name | _____ | | |
| Date of Retirement / Death | _____ / _____ / _____ | If Deputation in DOT/DTS/MTNL TCIL / BSNL etc. | From - _____ / _____ / _____ (dd/ mm/ yyyy) |
| | dd mm yyyy | | To - _____ / _____ / _____ (dd /mm/ yyyy) |
| Length of continuous service in DOT /DTS / MTNL / BSNL | (completed years) | | |
| H.R No. (If any): | _____ | Type of Retirement | Supperannuation / Voluntary / Invalidation / Death |
| Grade of Last Post held by the Retired employee | Group - A / Group - B / Group - C / Group - D | | |
| Designation at the time of Retirement | _____ | Last Scale of pay | _____ |
| Retired from Telecom Circle / District | _____ | Category of last scale of pay | _____ |
| Designation of Controlling Officer | _____ | | |
| Pension Payment Order (P.P.O.) No. | _____ | | |
| Name & Address of PPO Issuing Authority | _____ | | |
| Name & Address of Pension Disbursing Authority. | _____ | | |

5. Employment on Compassionate Ground : YES NO

If YES, whether the applicant is enjoying concessional phone facility as spouse of the deceased Employee ? yes No

6. DECLARATION

I hereby declare that the information furnished above is correct to the best of my knowledge. I shall abide by the Indian Telegraph Act,1885 and The Indian Telegraph Rules, 1951 as amended from time to time.
I further declare that I have not already availed / applied for the concessional phone facility of retired employee.

Date : _____

(Signature of the Applicant)
Contact No.

7. List of Supporting Documents Attached :

- a) Attested copy of the PPO Book in favour of the Applicant with Bank Pass Book if pension drawn from any Bank.
- b) Attested copy of Document (Service Certificate) in support of length of service & Group in DOT / DTS / MTNL / BSNL of the concerned retired employee.
- c) Attested copy of the last phone bill – only in case of item 1(b) & 1 (c) , For 1 (a) i) AGM(c)'s retention order & ii) CO's Private Work Order.
- d) In case of spouse applying after the Employee having died in harness, please submit affidavit that the spouse has not re-married and death certificate.
- e) "No phone bills dues certificate" Issued by Concern AOTR (Area). **And** attested copy of Last Telephone Bill.