




**Bharat Sanchar Nigam Ltd.**  
**(A Govt. of India Enterprise)**  
**Corporate Office**  
**Statesman House, B-148 Barakhamba Road,**  
**New Delhi - 110 001.**

No. BSNL/Admn.I/1  
Date: 5th November, 2004

**Sub: Guidelines to monitor the expenditure on indoor treatment - reg.**

It was decided by the Competent Authority that the cases of indoor treatment wherein the cumulative expenditure in any Financial Year exceeds five times of the Basic Pay + DA of the concerned employee shall be sent to Corporate Office for the expenditure approval of the Competent Authority. Instructions in this regard was issued vide Order No. BSNL/Admn.I/1 dated 03-06-2004.

It is observed that sufficient information required for taking decision in such cases is not being sent alongwith the cases, causing delay in getting the approval of Competent Authority. Therefore, it is decided that the details of the such cases of indoor treatment shall be sent in enclosed proforma to avoid the delay in processing of such cases for getting the approval of Competent Authority.

  
**(AMARJIT BHATIA)**  
**Asstt. Director General (Admn.)**  
Tel. 23037241  
Fax : 23734058

To

1. All the CGMs, BSNL.

Copy to:

1. PS to CMD, BSNL.
2. PPS/PS to all Directors of BSNL Board.
3. All Sr. DDsG/DDsG, CS&GM (Legal), BSNL Corporate Office.
4. D.G. P&T Audit.
5. Secretary General, NFTE, C-4/1, Bangala Sahib Road, New Delhi-110001.

**CASES FOR EXPENDITURE APPROVAL OF INDOOR TREATMENT FROM C.O.**  
(Case for expenditure exceeding five times of the basic pay + DA)

Ref. No.

Date:

To

The Assistant Director General (Admn.)  
Bharat Sanchar Nigam Limited  
Corporate Office, Statesman House,  
New Delhi

The expenditure of indoor treatment as detailed below may kindly be approved.

1.	Name of Circle & SSA
2.	Name of Employee & Desgn.
3.	Basic Pay + D.A. as on 01.04.....
4.	BSNLMRS Reg. No.
5.	Name of Patient
5(a).	Relationship with employee
6.	Name of disease/illness
7.	Period of treatment
8.	Name of Hospital
9.	Whether hospital is BSNL approved YES/NO
10.	If not, copy of CGM's approval*

\* Copy of the approval of CGM allowing to undertake treatment in non recognized hospital/copy of the approval for taking treatment outside the HQ if any.

11. Summary of expenditure:

Details	Voucher No.	Amount
Consultation		
Diagnostics/Tests		
Medicines		
Surgery/other procedure charges		
Appliances		
Room Rent		
Charges for Nurses		
Others		
Total		

It is certified that all the bills have been verified and the claims admitted are as per CGHS / BSNL agreed rates.

The case has been recommended by CGM (.....).

Encl: As per attached list.

Signature  
Name:  
Designation:  
Phone No:

## **LIST OF ENCLOSURES**

- 1. Copy of all Bills & Vouchers duly attested by the officer forwarding the claim to Corporate Office.**
- 2. Copy of BSNLMRS Photo I-Card, identifying the patient therein by signature of the concerned doctor.**
- 3. Copy of approval of CGM, in case of treatment in non-recognized hospital or hospitals not covering the place of duty.**