



## **SANCHAR NIGAM EXECUTIVES' ASSOCIATION**

(Representative Association of Executives in BSNL)

CHQ: B-11/1&2, Double Storey, Opp to Sanadhan Dharma Mandir, Ramesh Nagar, New Delhi - 110015

### **MEMBERSHIP FORM**

Name of officer : \_\_\_\_\_

Designation : \_\_\_\_\_

Working Unit & HR Number. : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Name of Nominee (For SNEA Welfare Scheme) : \_\_\_\_\_

### **DECLARATION**

I certify that the particulars given above are correct. I agree to abide by the Constitution of the SNEA revised from time to time. I request that I may be enrolled as a member of Sanchar Nigam Executive Association.

Place :

Date :

**Signature of Applicant**

Com. \_\_\_\_\_ of \_\_\_\_\_ is

enrolled as member of Sanchar Nigam Executive Association, \_\_\_\_\_ Branch.

**Signature of Branch Secretary.**

**DECLARATION FOR DEDUCTION OF MONTHLY SUBSCRIPTION FROM SALARY**

To  
The Accounts Officer (A&P),

\_\_\_\_\_  
\_\_\_\_\_.

Sir/ Madam,

I, \_\_\_\_\_(Name and Designation),

A member of **SNACHAR NIGAM EXECUTIVES' ASSOCIATION** hereby authorizes you to deduct a sum of **Rs. 100/- (Rupees one hundred only)** from my salary from the month of \_\_\_\_\_ as my subscription to the ASSOCIATION and payable to my Association in the following manner to the following A/c no.

**SNEA CHQ A/c 10332931596, IFSC SBIN0001515 and vendor code is 0100085651 pl.**

- i. Central HQrs (General Secretary) - Rs 50.00 /- (Rupees Fifty Only)**
- ii. Circle Branch (Circle Secretary) - Rs 25.00/- (Rupees Twenty five Only)**
- iii. SSA Branch (District Secretary) - Rs 25.00/- (Rupees Twenty five Only)**

Yours faithfully,

(SIGNATURE)

Name \_\_\_\_\_

Designation \_\_\_\_\_

Station \_\_\_\_\_ Staff No. /HR No. \_\_\_\_\_

Dated \_\_\_\_\_ Place of Posting \_\_\_\_\_

**TO BE FILLED IN BY THE ASSOCIATION CONCERNED**

It is certified that Shri/Smt. /Ms. \_\_\_\_\_ is a Member of  
our Association SNEA.

**SIGNATURE OF DISTRICT/BRANCH SECRETARY**

(STAMP OF THE ASSOCIATION)