

ALL INDIA BHARAT SANCHAR NIGAM LIMITED
OFFICERS' ASSOCIATION
Central Head Quarters
New Delhi

FORM OF ENROLLMENT AS MEMBER
(To be filled in triplicate)

I, (In CAPITAL LETTERS), working as.....in.....(Station/SSA), do hereby request that I may be enrolled as member of All India Bharat Sanchar Nigam Limited Officers' Association. I shall abide by the provisions of the Constitution of the Association.

(SIGNATURE)

To
The Branch Secretary,
AIBSNLOA.

.....

PARTICULARS TO BE FURNISHED BY THE MEMBER
(IN CAPITAL LETTERS)

01. NAME IN FULL
02. DESIGNATION
03. HRMS No.
04. UNIT OF POSTING
05. PHONE NO. (OFF)..... (RES)
06. CELLPHONE No.

(Signature of Branch Secretary)

Copy to: 1. Circle
2. CHQ