



**BHARAT SANCHAR NIGAM LTD.**

(A GOVERNMENT OF INDIA ENTERPRISE)  
SR CELL, Corporate Office  
8<sup>th</sup> Floor, Bharat Sanchar Nigam,  
Harish Chander Mathur Lane, Janpath,  
New Delhi-110 001

No. BSNL/31-8/SR/2016

Dated, the 11<sup>th</sup> January, 2017

To

1. All CGMs, BSNL
2. GM (CA), BSNL C.O.

Sub: Grant of the facility of 'Deduction of subscription' to AIBSNLOA, the Applicant Association- regarding

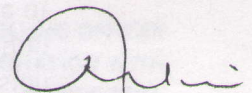
Sir,

AIBSNLOA vide their letters No. AIBSNLOA /CHQ/2016/184 dated 23.12.2016 requested for grant of extension of monthly subscription facility to their Association. AIBSNLOA was applicant Association in the 1<sup>st</sup> Membership Verification and is eligible for the facility of deduction of monthly subscription. Accordingly, facility of deduction of the monthly subscription is extended to AIBSNLOA in the manner indicated below:-

Total monthly subscription to be deducted	Distribution of monthly subscription		
	HQrs. Level	Circle Level	SSA level
Rs.50/-	Rs.30/-	Rs.10/-	Rs.10/-

2. The instructions governing deduction of monthly subscription mentioned in this office letter of even number dated 22.12.2016 may be referred for guidance & compliance.

Yours faithfully,

  
(A.K. Sinha)

DGM (SR), BSNL C.O.  
Tel. 011-23037491

Copy for information to :-

1. PS to CMD, BSNL
2. PS to Director(HR), BSNL Board
3. CGM, ITPC Pune-with the request to make suitable changes in ERP package
4. GS, AIBSNLOA to give necessary details to the DDOs for remittance.
5. GM, ERP
6. Guard file



## DECLARATION FOR DEDUCTION OF MONTHLY SUBSCRIPTION FROM SALARY

To

The Accounts Officer,  
\_\_\_\_\_  
\_\_\_\_\_

Sir/Madam,

I, \_\_\_\_\_ (Name and designation), a member of \_\_\_\_\_ hereby authorize you to deduct a sum of \_\_\_\_\_ from my salary from the month of \_\_\_\_\_ as my subscription to the Association and payable to my Association in the following manner :-

- |      |                                   |   |           |
|------|-----------------------------------|---|-----------|
| i.   | Central HQrs. (General Secretary) | - | Rs. _____ |
| ii.  | Circle Branch (Circle Secretary)  | - | Rs. _____ |
| iii. | SSA Branch (District Secretary)   | - | Rs. _____ |

Yours faithfully,

(SIGNATURE)

Name \_\_\_\_\_

Designation \_\_\_\_\_

Station \_\_\_\_\_

Staff No. \_\_\_\_\_

Dated \_\_\_\_\_

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

TO BE FILLED IN BY THE CONTROLLING OFFICER

The signatures of Shri/Smt./Ms. \_\_\_\_\_ verified.

SIGNATURE OF CONTROLLING OFFICER  
NAME AND DESIGNATION WITH  
OFFICE SEAL

TO BE FILLED IN BY THE ASSOCIATION CONCERNED

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

SIGNATURE OF CIRCLE/ DISTRICT /BRANCH SECRETARY  
(STAMP OF THE ASSOCIATION)