



BHARAT SANCHAR NIGAM LIMITED
(A GOVERNMENT OF INDIA ENTERPRISE)
SR Cell, Corporate Office
8th Floor, Bharat Sanchar Bhawan,
Harish Chander Mathur Lane,
Janpath, New Delhi-110001

No. BSNL/8-1/SR/2022

Date: 31.05.2022

To

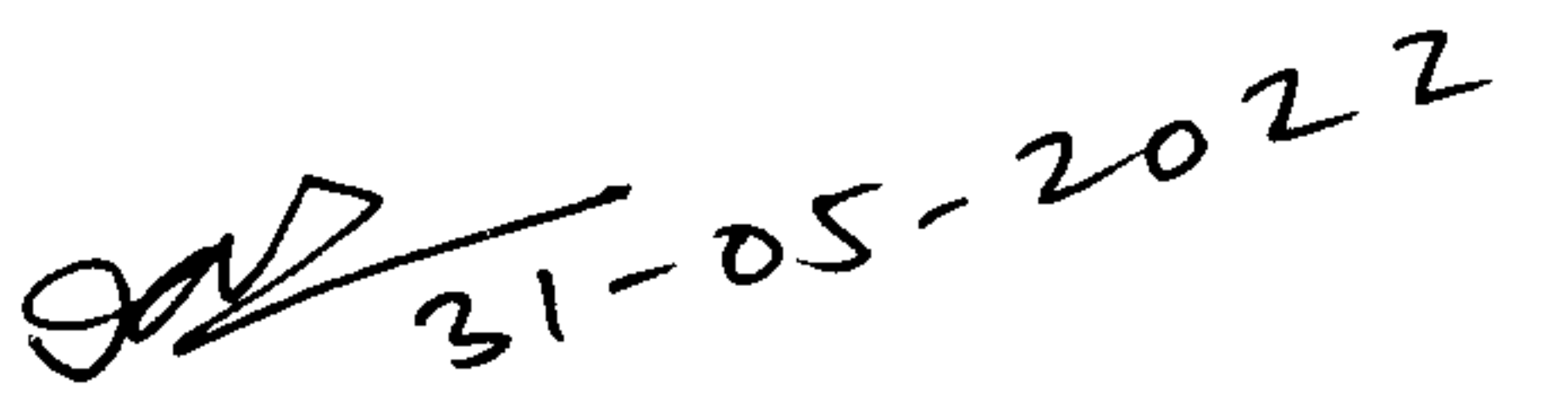
1. All CGMs, BSNL.
2. PGM (CA)/GM (EF), BSNL C.O.

Subject: Option to change authorization for deduction of membership subscription from salary – modification regarding.

In partial modification of this office letter of even number of dated 27.05.2022 the revised form for unions is enclosed herewith. It is hereby clarified that in case of Associations, instructions issued vide this office letter No BSNL/31-8/SR/2016 dt 10-2-2017 & letter no BSNL/20-6/SR/2019 dt 13-12-2019 shall be applicable.

This is issued with the approval of competent authority.

1. PPS to Director, HR
2. IFAs to all Circles/Units of BSNL
3. CGM, ITPC Pune
4. All GS of unions and associations of serving employees of BSNL


(Krishna Murari Ruhela)
Asstt.General Manager (SR)

DECLARATION FOR DEDUCTION OF UNION SUBSCRIPTION FROM SALARY

To,

The Accounts Officer,

Sir/Madam,

I, _____, (name and designation), a member of _____, hereby authorise you to deduct a sum of Rs. _____ monthly from my salary starting from the month of July _____ (Year) as my subscription to the Union and payable to my Union as per the BSNL CO letter No BSNL/39-6/SR/2008 dt 4-6-2008 and letter No BSNL/20-6/SR/2019 dated 13th Dec, 2019.

*2. This is in supersession of earlier declaration dated _____ for deduction of subscription in favour of _____.

3. I understand that opportunity to change my option will be available to me only in the month of July.

Yours faithfully,

(SIGNATURE)

Name _____

Designation _____

Staff No. _____

Place of Posting _____

Station _____

Dated _____

* Applicable only in respect of employee who has earlier submitted such authorisation in favour of other union.

TO BE FILED IN BY THE CONTROLLING OFFICER

The signature of Shri/Smt/Ms. _____ verified.

SIGNATURE OF CONTROLLING OFFICER

(EXECUTIVE LEVEL)

NAME AND DESIGNATION WITH

OFFICE SEAL

TO BE FILLED BY THE UNION CONCERNED

It is certified that Shri/Smt/Ms. _____ is a member of our Union.

SIGNATURE OF BRANCH/DISTRICT SECRETARY

(STAMP OF THE UNION)

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2/15/22