



BHARAT SANCHAR NIGAM LTD.

**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-110 001**

No. BSNL/8-1/SR/2022

Dated: 27.05.2022

Office Memorandum

To

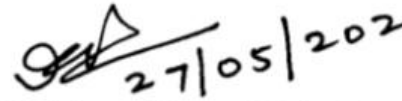
1. All Chief General Managers, BSNL
2. PGM(CA)/GM(EF), BSNL C.O.

Subject: Option to change authorization for deduction of membership subscription from salary- reg.

I am directed to invite reference to this office letter No. BSNL/20-6/SR/2019 dated 13.12.2019, whereby the option to change membership subscription to a union or an association was extended once a year to employees.

Accordingly, the option to change or opt out (withdraw or stop) of membership subscription from the salary in favour of the union or association of their choice shall be allowed to employees from 16th June, 2022 to 15th July, 2022 in the revised subscription form attached, herewith.

This is issued with the approval of competent authority.


27/05/2022

(Krishna Murari Ruhela)
Asistant General Manager(SR)

Copy for information to:

1. PPS to Director(HR), BSNL Board.
2. IFAs of all Circles/Unit of BSNL.
3. CGM, ITPC Pune
4. All GS of Unions/Associations of serving employees of BSNL
5. GM(EF), BSNL CO

DECLARATION FOR DEDUCTION OF UNION/ASSOCIATION 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 salary from my salary starting from the month of July _____ (Year) as my subscription to the Union/Association and payable to my Union/Association 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 _____

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/ASSOCIATION CONCERNED

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

SIGNATURE OF BRANCH/ _____ BY

(STAMP OF THE UNION/ASSOCIATION)

