

**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