



## **SANCHAR NIGAM EXECUTIVES' ASSOCIATION**

(Representative Association of Executives in BSNL)

CHQ: B-11/1&2, Double Storey, Opp to Sanadhan Dharma Mandir, Ramesh Nagar, New Delhi - 110015

### **MEMBERSHIP FORM**

Name of officer : \_\_\_\_\_

Designation : \_\_\_\_\_

Working Unit & HR Number. : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Name of Nominee (For SNEA Welfare Scheme) : \_\_\_\_\_

### **DECLARATION**

I certify that the particulars given above are correct. I agree to abide by the Constitution of the SNEA revised from time to time. I request that I may be enrolled as a member of Sanchar Nigam Executive Association.

Place :

Date :

**Signature of Applicant**

Com. \_\_\_\_\_ of \_\_\_\_\_ is

enrolled as member of Sanchar Nigam Executive Association, \_\_\_\_\_  
Branch.

**Signature of Branch Secretary.**