



ALL INDIA BSNL EXECUTIVES' ASSOCIATION

Central Headquarters, New Delhi.

Welfare Scheme Nomination Form

1. Name of the Applicant :
2. Name of the Father / Husband :
3. Date of Birth :
4. Staff No. :
5. Order of Appointment / Promotion to Group B :
6. Circle and Branch :
7. Present Official Address :

8. Permanent Address :

9. Nominees' Particulars :

Sl. No.	Name	Relation	Entitlement (%)

I agree to abide by the Rules of the Welfare Scheme as amended from time to time.

Date

Signature

Certified that the applicant is a regular member of AIBSNLEA and has paid Rs. 100/- to the Welfare Fund. The amount is sent by DD no..... dated.....drawn in favour of AIBSNLEA CHQ, New Delhi. The applicant may be enrolled as a member of the scheme.

Date

Signature of Branch Secretary (with seal)

For use by CHQ

Received the amount vide Rt. No.....dated.....May be admitted.