

SANCHAR NIGAM EXECUTIVES' ASSOCIATION (INDIA)

.....BRANCH

MEMBERSHIP ENROLLMENT FORM

To
TheSecretary,
SNEA (I)
.....Branch

I working as..... in SSA
do hereby request to enroll me as the member of Sanchar Nigam Executives'
Association (India),Branch.

1. Name :
2. HRMS No. :
3. Date of Birth :
4. Designation :
5. Unit of Posting :
6. Date of joining in SSA :
7. Date of joining in the
present post held :
8. Present Address :
9. Permanent Address :
10. Phone no. : (Off) (Res)
(Cell)

Signature of the Applicant

.....Treasurer

.....Secretary