

ASSOCIATION OF BSNL LDCE EXECUTIVES

(**ABLE**)

## MEMBERSHIP FORM

## NAME OF CIRCLE: SSA/BRANCH:

|  |  |  |
| --- | --- | --- |
| **1** | **Name in Full** |  |
| **2** | **Date of Birth** |  |
| **3** | **LDCE (If LDCE : write Year), Non-LDCE ( write : No )** |  |
| **4** | **Staff Number /HRMS No.** |  |
| **5** | **Present Designation** |  |
| **6** | **Present Office address & Phone No.** |  |
| **7** | **Residential Address with Phone No.** |  |
| **8** | **Year Of Recruitment as JTO** |  |
| **9** | **SDE vacancy year as per LDCE /non-LDCE** |  |
| **10** | **Mobile No.& Email** |  |

**DECLARATION**

I hereby enroll myself as a primary member of **ABLE** and agree to abide by the constitution of **ABLE** and also agree to pay /deduct the monthly membership fee from my salary.

Signature of Member

**Date:**

**Place:**