

ALL INDIA BSNL-DOT PENSIONERS' ASSOCIATION

**Central Head Quarters,
D-7, Telegraph Place, Gole Market, New Delhi – 110 001**

APPLICATION FOR MEMBERSHIP

Name of Pensioner: _____

Date of Retirement: _____

Designation at the time of retirement: _____

Retired From DoT / BSNL: _____

Office from which retired & SSA: _____

Date of Birth: _____

Present address: _____

Phone Number: _____ E-mail _____

DECLARATION

I certify that the particulars given above are correct. I agree to abide by the Constitution of the Association. I request, I may be enrolled as member / Associate member of All India BSNL-DoT Pensioners Association.

Place :

Date :

Signature of Applicant

Com. _____ is enrolled as member / Association member of All India BSNL-DoT Pensioners Association.

Signature of District Secretary
AIBDPA
