



ALL INDIA GRADUATE ENGINEERS & TELECOM OFFICERS ASSOCIATION

www.aigetoadelhi.weebly.com

AIGETOA MEMBERSHIP FORM

Name: - _____

Designation: - _____

Year of Recruitment: - _____

Qualification: - _____

HRMS No/ Staff No. / Emp. No.: _____

SSA: - _____ Circle: - _____

Date of Birth: - _____ Employing Agency : - (BSNL/ MTNL) _____

Residential Address: - _____

City: - _____ State: - _____ Pin: - _____

E-Mail ID: - _____

Contact Numbers: - _____

Residence: - _____ Office: - _____ Mobile: - _____

I agree with the terms and conditions of the association. I understand that this application is for membership for All India Graduate Engineer And Telecom Officer Association (AIGETOA) and I agree to become the member of association.

Declaration:

I _____, Designation _____, hereby declare that I am the member of AIGETOA and any previous membership in any other BSNL associations is deemed cancelled.

Date: ____/____/____

Signature: _____

Place: _____

Please Affix a recent
Passport size signed
photograph.

Regd. Office: Office No. 4 & 5, Near Sethi Hospital, Bawal Chowk, Rewari-123401 (Haryana)

Website: www.aigetoachq.org/ www.aigetoadelhi.weebly.com / E-mail: chqaigetoa@gmail.com



ALL INDIA GRADUATE ENGINEERS & TELECOM OFFICERS ASSOCIATION (Delhi Chapter)

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Annexure-I

Letter of Authorization

I, _____ (name and designation), being a member of All India Graduate Engineers and Telecom Officers Association (AIGETOA), hereby authorize deduction of monthly subscription of Rs. _____ for _____ (year) from my salary and authorize it's payment to the All India Graduate Engineers and Telecom Officers Association (AIGETOA), association.

Signatures:

Name:

Designation

HRMS No/Staff No/Employee No:

Contact No:

Email ID:

TO BE FILLED BY THE ASSOCIATION

It is certified that Sh./Ms. _____ (name and Designation), is a member of All India Graduate Engineers and Telecom Officers Association (AIGETOA).

(Signature of Authorized Office Bearer)