



(A GOVERNMENT OF INDIA ENTERPRISE)  
SR CELL, Corporate Office  
8<sup>th</sup> Floor, Bharat Sanchar Nigam,  
Harish Chander Mathur Lane, Janpath,  
New Delhi-110 001

No. BSNL/31-8/SR/2016

Dated, the 22<sup>nd</sup> December, 2016

To

1. All CGMs, BSNL
2. GM (CA), BSNL C.O.

Sub: **Grant of the facility of 'Deduction of subscription' to SNEA, the Recognised Representative Association in BSNL and general instructions governing deduction of monthly subscription – regarding**

Ref: **Notification no. BSNL/5-1/SR/2016 dated 13.12.2016**

Sir,

General Secretary, SNEA vide his letter No. SNEA/CHQ/GM(SR)/2015-18/06 dated 14.12.2016 has requested that necessary instructions may be issued for extension of monthly subscription to members of their Association. SNEA has been elected as Recognised Association in the 1<sup>st</sup> Membership Verification and is eligible of facility of deduction of monthly subscription. Accordingly, facility of deduction of the monthly subscription is extended to SNEA in the manner indicated below:-

Total monthly subscription to be deducted	Distribution of monthly subscription		
	HQrs. Level	Circle Level	SSA level
Rs.70/-	Rs.40/-	Rs.15/-	Rs.15/-

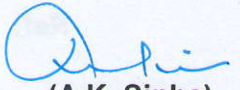
2. The instructions governing deduction of monthly subscription are re-iterated for information and necessary action:-

- i. The monthly subscription shall be remitted as per the distribution shown above to the respective level. Under no circumstances, any other deduction, for making payment to the Association(s), is permissible from the salary of executives.
- ii. Executives, who wish to avail of this facility of subscription in favour of SNEA, shall have to submit an option form, as per Annexure-I, authorising the DDO to deduct a specified amount from his salary on account of monthly subscription.

Contd...2/-

- iii. At the beginning of the scheme, the employees shall have two months' time from the date of issue of these instructions, to exercise their option for deduction of monthly subscription. Thereafter, the employees shall be allowed to opt to withdraw from the scheme i.e. in the months of January and July each year. For this purpose, the executives can submit their option form, duly filled in all respects, for deduction of monthly subscription from the month of January, to the concerned DDO during the period 16<sup>th</sup> December to 15<sup>th</sup> January and for deduction of subscription from the month of July during the period 16<sup>th</sup> June to 15<sup>th</sup> July. Applications received after these dates will not be entertained during the relevant half-year.
- iv. New Executives joining on promotion/recruitment/transfer etc., may be allowed to enroll as member and submit the declaration form subscription deduction upto to 10<sup>th</sup> of every month.
- v. Subscription once paid shall not be refundable.

Yours faithfully,

  
**(A.K. Sinha)**  
**DGM (SR),**  
**BSNL C.O.**

Copy for information to :-

1. PS to CMD, BSNL
2. PS to Director(HR), BSNL Board
3. CGM, IT Pune-with the request to make suitable changes in ERP package
4. GS, SNEA to give necessary details to the DDOs for remittance.
5. GM, ERP
6. Guard file

DECLARATION FOR DEDUCTION OF MONTHLY SUBSCRIPTION FROM SALARY

To

The Accounts Officer,

\_\_\_\_\_  
\_\_\_\_\_

Sir/Madam,

I, \_\_\_\_\_, (Name and designation), a member of \_\_\_\_\_, hereby authorize you to deduct a sum of \_\_\_\_\_ from my salary from the month of \_\_\_\_\_ as my subscription to the Association and payable to my Association in the following manner :-

- i. Central HQrs. (General Secretary) - Rs. \_\_\_\_\_
- ii. Circle Branch (Circle Secretary) - Rs. \_\_\_\_\_
- iii. SSA Branch (District Secretary) - Rs. \_\_\_\_\_

Yours faithfully,

(SIGNATURE)

Name \_\_\_\_\_  
Designation \_\_\_\_\_

Station \_\_\_\_\_  
Dated \_\_\_\_\_

Staff No. \_\_\_\_\_  
Place of Posting \_\_\_\_\_

TO BE FILLED IN BY THE CONTROLLING OFFICER

The signatures of Shri/Smt./Ms. \_\_\_\_\_ verified.

SIGNATURE OF CONTROLLING OFFICER  
NAME AND DESIGNATION WITH  
OFFICE SEAL

TO BE FILLED IN BY THE ASSOCIATION CONCERNED

It is certified that Shri/Smt./Ms. \_\_\_\_\_ is a member of our Association.

SIGNATURE OF CIRCLE/ DISTRICT /BRANCH SECRETARY  
(STAMP OF THE ASSOCIATION)