

DECLARATION FOR DEDUCTION OF ASSOCIATION SUBSCRIPTION FROM SALARY

To

The Accounts Officer,

Sir, Madam,

- I, _____, (**Name and Designation**), a member of _____ (**Name of the Association**) hereby authorize you to deduct Rs. _____ (In Words _____) from my salary starting from the month of _____ (**Month**) _____ (**Year**) as my subscription to the ASSOCIATION payable to my Association _____ (**Name of the Association**) _____ (**Name of the Circle**).
- I understand that opportunity to change my opinion will be available to me only in the month of January/July.

Yours faithfully,

(SIGNATURE)

Name _____

Designation _____

HR No. _____

Name of SSA/Unit _____

Mobile Number: _____

Station _____

Dated _____

TO BE FILLED IN BY THE ASSOCIATION

It is certified that Shri/Smt./Ms. _____ is a Member of the _____ (Name of Association).

**SIGNATURE OF DISTRICT SECRETARY
(STAMP OF THE ASSOCIATION)**