

LETTER OF AUTHORISATION

To

The General Manager / Director of Accounts (Postal)
Postal Accounts & Finance
Department of Post

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I,(Name & Designation) being a Member of **P & T Accounts and Finance Officers Association** hereby authorize deduction of monthly subscription of Rs.50/- (Rupees Fifty only) per month from my salary starting from the month of, payable on and authorize its payment to the above mentioned Service Association.

I hereby certify that I have not submitted authorization in favour of any other Service Association. If the above information is found incorrect, I fully understand that my authorization for the Association becomes invalid.

Station:
Date :

Signature _____
Name _____
Designation _____

To be filled by the Association

It is certified that Shri / Smt _____ is a Member of **P & T Accounts and Finance Officers Association**. It is further certified that the above authorization has been signed by Shri / Smt. _____ in my presence.

Signature
Name (in Capital)....
Of authorized Office bearer.

Signature:..
Name(in Capital)
Of the member.

Attestation of the Head of Office

LETTER OF AUTHORISATION

To

The Controller of Communication Accounts,
Department of Telecommunications

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.....

I,(Name & Designation) being a Member of **P & T Accounts and Finance Officers Association** hereby authorize deduction of monthly subscription of Rs.50/- (Rupees Fifty only) per month from my salary starting from the month of, payable on and authorize its payment to the above mentioned Service Association.

I hereby certify that I have not submitted authorization in favour of any other Service Association. If the above information is found incorrect, I fully understand that my authorization for the Association becomes invalid.

Station:	Signature _____
Dated :	Name _____
	Designation _____

To be filled by the Association

It is certified that Shri / Smt _____ is a Member of **P & T Accounts and Finance Officers Association**. It is further certified that the above authorization has been signed by Shri / Smt. _____ in my presence.

Signature:..
Name(in Capital)
Of the member.

Signature
Name (in Capital)....
Of authorized Office bearer.

Attestation of the Head of Office
