FORM (B)

FOR THE YEAR

SERIAL NO.____

Letter of Authorization for Altering membership.

I,	(Name & Designation), member
	Association / Union hereby alter my
Association / Union w. e. f Ap	oril 2008.
I, hereby authorize d	eduction of my monthly subscription of Rs / - from
April, 2008 and onw	ards from my salary and authorized payment to
	Association / Union.
Date:	Signature :
	Name :
Place:	Designation:
	Office :
	Section :
	i / Smt is a member is a member association / Union.
Date :	Signature of authorized office bearer of Association / Union
Place:	Name :
	Stamp :
Date :	Signature of Head of Office / Officer-in-charge of Station
Place:	Name :
	Office Stamp :