

**GRSE OFFICERS' ASSOCIATION**  
**(REGD. No. 7889)**

The President / Secretary,  
GRSE Officers' Association,  
Kolkata – 700 024

Dear Sir,

I, the undersigned like to be a member of GRSE Officers' Association. I shall obey the article laid down in Bye-laws of GRSE Officers' Association and as amended time to time.

I have no objection for onetime payment of Rs.100.00 towards GRSEOA WELFARE FUND along with my monthly subscription from the date of application (for probationers only) / date of confirmation to become a member of GRSE Officers' Association.

The particulars are given below for your kind perusal & approval please :

NAME ( in Block Letters ) .....

Father's / Husband's Name .....

Permanent / Present Address .....

.....

.....

[ Any change in address to be notified to Association immediately ]

Date of Birth ..... Date of Confirmation as an Officer .....

Personnel No. .... Department ..... Unit .....

Name and address of your Nominee(s) [as declared in GRSE] .....

.....

Yours faithfully,

Date ..... .....

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Accepted / Rejected Membership on ..... Allotted Membership No. ....

Signature of Secretary

Signature of President

Date :

Date :

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Encl : Declaration for Deduction of Subscription from the Salary to Management

To  
AGM (HR),  
GRSE Ltd.

Through : Secretary, GRSEOA

Dear Sir,

Sub : Mandate for Deduction of Subscription of GRSEOA from my monthly salary

I hereby authorize C&MD of GRSE Ltd. and or his authorized representative to deduct money from my monthly salary payable to GRSE Officers' Association on account of Welfare Fund / Subscription as applicable time to time and as of now due from the date of my application / date of my confirmation as an Officer and remit the same to GRSE Officers' Association.

I further affirm that I shall not revoke this authority during my membership of GRSE Officers' Association and this authority shall remain valid until I resign from the membership of GRSEOA.

With best regards,

Yours truly,

Date .....

NAME ( in Block Letters ) .....

Personnel No. .... Designation .... Department .....

My Date of Confirmation in GRSE as Officer .....

Deduct from the month of ..... from my monthly salary.

Witness : (Only GRSEOA members)

1. Signature

Name

Personnel No.

Designation

Unit ..... Date .....

2. Signature

Name

Personnel No.

Designation

Unit ..... Date .....