

To
Sr. Personnel Officer, PHPA-II

Subject: **Undertaking to become an SWF member and authorization to deduct membership and monthly contribution from the salary.**

Dear Sir/Madam,

I, Mrs./Miss.....Designation.....in PHPA-II

.....attached in the office ofdo hereby declare that I have read and understood the “PHPA-II Staff Welfare Fund’s” Rules and Regulations. Having read these, I wish to become a registered Member of the Fund.

I also declare that once I become a registered Member of the Fund, I will abide by the Rules and Regulations of the Fund. In case I am found guilty of breaching the Rules, I shall abide by the decision of the Welfare Committee of the Fund, as regards the Penalty that would be enforced.

The details of my dependent and nominee are as declared in the Personnel Wing record and I hereby authorize you to deduct the membership fee and monthly contribution from my salary.



Date.....

(Signature)

(For Office use only)

Mr./Mrs./Miss..... is hereby Registered as a Member of PHPA-II Staff Welfare Fund effective from..... (Date).....(Month).....(Year_.

Sr. Personnel officer.

[Chairman]
PHPA-II Staff Welfare Fund