

ARTEE MEMBER'S DETAILS FORM - 2018

NAME OF THE STATION:.....

STATE:.....

Sl no	NAME of Employee	Designation	Date of Birth	Nominee Name with Relation	Date of Joining this Dept.	Date of Joining present station	Contact No.
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It is certified that RSA subscription is being deducted from salary of above ARTEE Members as on 31/03/2017.

Date :

Place:

ARTEE Unit Secretary Signature with Stamp

(Name with Designation)