

FORM OF TAKING OVER CHARGE

To

BHARAT SNACHAR NIGAM LIMITED

I beg to report that I have assumed charge of the office as
(Designation) in your office on (Day),
(Date) forenoon/afternoon, after return from leave for
(No. of Days) with effect fromto
on/without medical certificate. A Medical/fitness
certificate in prescribed form is enclosed.

Signature: _____

Name: _____

Designation: _____

Section _____

Telephone No. _____