

HINDUSTAN AERONAUTICS LIMITED

Date: _____

The Dy. General Manager/Chief Manager/Senior Manager/Manager,
HR Department,
Division _____,
HAL Bangalore.

VOLUNTARY MONTHLY CONTRIBUTION TO
VATHSALYA, HAL SCHOOL FOR SPECIAL EDUCATION

I hereby authorize payrolls to recover the amount indicated against my name, Dept/PB No. from my monthly earnings and remit the same to Vathsalya, HAL School for Special Education, Bangalore-560037 that is run by the Society registered under Karnataka Societies Registration Act 1960 for the mentally challenged children. The recovery may be effected from the month of receipt of this authorization letter.

Sign :

Name :

Dept/PB No. :

Designation :

Division :