

The General Secretary
State Bank of India SC/ST/OBC Employees Welfare Association (Regd.)
(Chandigarh Circle) Chandigarh
Address : State Bank of India, Local Head Office, Sector 17B, Chandigarh-160017

Dear Sir,

Application for Membership

I shall be obliged, if you please enroll me as an ordinary member / life member / Associate Member / Honorary member of your Association. I have read / gone through the rules & regulations (Constitution of Association) and undertake to abide by them.

My Particulars are given as under;

1. Name :
2. Father's/Husband's Name :
3. Address: :
 - (i) Official :
 - (ii) Residential :
4. Whether SC/ST or OBC :
5. Designation :
6. Date of Appointment :
7. Educational Qualification :
8. Telephone No. : Off. _____ Res. _____
9. Any other information :

In this connection, I undertake to remit monthly subscription / special subscription / Welfare fund as per demand of the Welfare Association.

I have also signed my irrevocable Letter of Authority for monthly deduction as per LHO Circular No.CIR D.O. / PER & HRD 14 of 2004-05 dated 12th May 2004.

Yours faithfully

Signatures

Name : Date :
P.F. No. : Place :

FOR OFFICE USE ONLY

Mr./Mrs./Ms./ _____ S/D/W/o Sh. _____
has been admitted as _____ member of our Association & enrolled at
Serial No. _____ with conditions if (any) _____.

Place : CHANDIGARH
Date :

President

General Secretary

LETTER OF AUTHORITY

To
The DGM/AGM/CM/BM
State Bank of India

Dear Sir,

AUTHORISATION FOR DEDUCTION OF SBI SC/ST/OBC EMPLOYEES WELFARE ASSOCIATION'S SUBSCRIPTION FROM THE MONTHLY SALARY AND ALLOWANCES.

As per LHO Circular No.CIR D.O./PER & HRD/14 of 2004-05 dated the 12th May, 2004 I have been admitted the member of State Bank of India SC/ST/OBC Employees Welfare Association (Regd.).

I request you to deduct from my salary and allowances for every month a sum of Rs. ____ (Rupees _____ only) and remit the same to the SBI SC/ST/OBC Employees Welfare Association, Chandigarh Circle, Chandigarh by credit to **Account No. 10847640422 (HRMS CODE - 0027)**

This authorization shall continue to be effective till I revoke the same, which revocation, however by due initiation given to you before December of a year is to be effective from January of the next year.

I undertake to continue my monthly/special subscription in case the same is enhanced by the Association. This LOA shall be treated accordingly i.e. Bank is further authorization to make deduction of enhanced subscription on the basis of this Letter of Authority.

Further, I advise that on my transfer this Letter of Authority shall remain in force. So it may be placed in my service record and treat the Letter of Authority as irrevocable.

Thanking you.
Yours faithfully

Signatures

Name :
Father's Name :
Address :
Membership No. :
Designation :
P.F. No. :

Subscription : Officer Rs.150/-, Award Staff Rs.100/- & Subordinate Staff Rs.50/-