

The Branch Manager

State Bank of India

.....

Madam/Dear Sir,

AUTHORISATION FOR DEDUCTION OF ASSOCIATION SUBSCRIPTION

I request you to deduct Rs. ___ every month from the salary and allowances payable to me by the Bank commencing from the month of _____ and remit the same to account no. 10847640422 in favour of STATE BANK OF INDIA SC/ST EMPLOYEES WELFARE ASSOCIATION.

2. The authorization shall continue to be effective for revised rates also till I revoke the same.

Yours faithfully,

(Signature)

Name:-

Designation:-

PF No. :-

Branch/Deptt:-

Branch Code:-

To
The General Secretary,
State Bank of India SC/ST Employees Welfare Association (Regd. 581 of 1980)
Chandigarh Circle, Chandigarh
Local Head Office
CHANDIGARH

Dear Sir,

Sub. : 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 as under :

1. Name :
2. Father's/Husband's Name :
3. Address :
(i) Official :
(ii) Residential :
4. CASTE: :OBC.....
5. Designation :
6. Date of Appointment :
7. Educational Qualification :
8. Telephone No. : (O).....(R).....
9. Any other information DOB :

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

Yours faithfully,

Dated

Place

Signature :

Name :

PF No. :

Branch Code :

FOR OFFICE USE ONLY

Shri.....S/o Sh.....
has been admitted as.....member of our Association & enrolled at
Serial No.with condition (if any)

Place : CHANDIGARH

President

Dated :