## **APPLICATION FORM**

## [To be made by a member of the staff (all categories) for the use of Holiday Home(s)]

Full	Name :			_		
Desi	ignation :			-		
Tele	phone No. /	Fax No.:		_		
То			Date:			
THE CIR STA	TE BANK (	ARE COMMITTEE OF INDIA				
Dea	r Sir,	be glad if you will allot me a room in the Bank's Holiday-cum-convalescent Home ed at for a period of days from//20//20 or from any date available. The rules have been read by me or have				
situa to _	ated at	for a period of days from//20 20 or from any date available. The rules have been read by me or have o me.  I abide by rules and bye-laws if any. are that I shall pay all dues payable by me. e event of non-payment of any due by me, I authorize the Bank to				
1. 2. 3.	I declare In the e recover th	that Í shall pay all dues payable by	all dues payable by me. ayment of any due by me, I authorize the Bank to ny salary.			
	SR. NO.	NAME	RELATION	AGE		
Sigr	Signature of Applicant					
	Forwarded for consideration of Circle Welfare Committee.					

LOCAL IMPLEMENTATION COMMITTEE
STATE BANK OF INDIA\_\_\_\_\_BRANCH

**PRESIDENT** 

**SECRETARY**