APPLICATION FORM

(To be made by a member of the Supervising Staff for the use of Association's Guest House)

Full N	-							
Branc		:Br.Code						
Email Mobil	e No							
Date								
To,								
State Patna State	General Bank of Circle Bank of Bank of Circle	f India , f India	a Officers	s' Associa	ation,			
Dear	Sir,							
Assoc	ciations ⁷	Gues	st House	situate	d at	otment to n		rooms in the for a period of
2. I d	eclare t	hat Í	shall pay	all dues	e-laws if a payable b ompany n	y me.		
Sr. No	Name					Relation	Age	

Signature of Applicant