



STATE BANK OF INDIA OFFICERS' ASSOCIATION

(PATNA CIRCLE)

E-mail Id :- gs.sbioapat@gmail.com

APPLICATION FOR MEMBERSHIP

The General Secretary,
SBI Officers' Association,
SBI, LHO Building,
West Gandhi Maidan,
PATNA - 800001.

Dear Sir,

Please enroll me as a member of the State Bank of India Officers' Association (**Patna Circle A/c No. - 10331726408**). I shall abide by the rules and regulations of the Association as amended from time to time. I enclose a bank Draft for **Rs.801=00** (Rs.501=00 being the admission fee and Rs.300=00 one-month subscription) and letter of authority for deduction of subscription from my salary every month.

Name in full (IN BLOCK CAPITALS) :-
Place of Domicile :-
Permanent Address :-
P.F. Index No. :-
Date of Promotion /Appointment as officer :-
Places of posting after promotion/appointment as officer :-
Present Posting :-
Designation :-
Mob. No. :-
Date of Birth :-
Name of Spouse/Nominee :-

Yours faithfully,

Date:

(Signature of the applicant)

Encl:

Draft/Cheque No.

Date

For Rs.....

Admitted as member

Membership No. :.....

Ledger Folio No. :.....

GENERAL SECRETARY

To,

The Branch Manager/Office Manager,
State Bank of India,
.....Branch,
District.....

Dear Sir,

**AUTHORISATION OF DEDUCTION OF ASSOCIATION SUBSCRIPTION
FROM MONTHLY SALARY AND ALLOWANCES**

I request you to deduct from my salary and allowances in respect of every month a sum of Rs.300=00 (Rupees Three Hundred) or the amount decided by the SBIOA, Patna Circle from time to time as monthly subscription and remit the same to STATE BANK OF INDIA OFFICERS' ASSOCIATION at Patna Main branch, Patna through HRMS. I also authorize to deduct any subscription in lump-sum (Levy) as decided by SBIOA, Patna Circle time to time within the provision of Bye-laws of the Association.

This authorization shall continue to be effective till I revoke the same.

Yours faithfully,

DATE:

(SIGNATURE)

NAME :
P.F. NO. :
DESIGNATION :

To,

The Branch Manager/Office Manager,
State Bank of India,
.....Branch,
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DATE :

(SIGNATURE)

NAME :
P. F. NO. :
DESIGNATION :