

APPLICATION FORM

(To be made by a member of the staff (all categories) for the use of HOLIDAY HOME(s))

Full Name : _____
Designation : _____
Branch : _____
Email : _____
Telephone No : _____
Date : _____

To,
The President,
Circle Welfare Committee,
State Bank of India,
_____ L.H.O.

Dear Sir,

1. I shall be glad if you will allot me a room in the Bank's Holiday-cum-convalescent Home situated at _____ for a period of _____ days from ___/___/200 to ___/___/200 or from any date available. The rules have been read by me or have been read to me.
2. I shall abide by the rules and bye-laws if any.
3. I declare that I shall pay all dues payable by me.
4. In the event of non-payment of any due by me, I authorize the Bank to recover the same from my salary.
5. Details of family who accompany me :-

Sr. No	Name	Relation	Age
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Signature of Applicant

Forwarded for consideration of Circle Welfare Committee.

Secretary President
LOCAL IMPLEMENTATION COMMITTEE.
STATE BANK OF INDIA.
_____ **Branch**