

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,
Mumbai L.H.O.

Dear Sir,

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.

1. I shall abide by the rules and bye-laws if any.
2. I declare that I shall pay all dues payable by me.
3. In the event of non-payment of any due by me, I authorize the Bank to recover the same from my salary.
4. Details of the family who will accompany me.

Sr. No	Name	Relation	Age

Signature of Applicant

Forwarded for consideration of Circle Welfare Committee.

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