

The General Secretary
State Bank of India Staff Association
(Bengal Circle)
13 – Crooked Lane
Kolkata – 700069

Dear Comrade, **Sub: Membership of SBISA Medical Benefit Fund Scheme**

As per Circular Letter No. BEN/KOL/14 dated 25/04/2014, I like to enroll myself as a member of the above-mentioned scheme effective from 10th June 2014 to 09th June 2015 night. For the said purpose, I have already remitted Rs.1995/- (Rupees One thousand nine hundred ninety five only) to the SBISA Medical Benefit Fund Scheme Account No.33802645751 and have posted the particulars i.e. the date of payment, Branch Code, Journal No. etc. in the respective fields in the SBISA Site created for the purpose (<http://sbisagi.in>). I have also sent a hardcopy of the filled-in membership form to the Module and to the Union Office accordingly.

NAME :
DESIGNATION :
P.F.NO. :
BRANCH NAME & CODE :
NAME OF THE REGION & MODULE :
DATE OF BIRTH :
DATE OF APPOINTMENT :
JOURNAL NO. :
DATE OF PAYMENT :
ACCOUNT NO. :
MOBILE NO. :

Date :

Signature