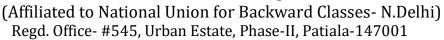
STATE BANK OF INDIA

OBCs EMPLOYEES' WELFARE ASSOCIATION- CHANDIGARH CIRCLE (Regd. No. 234 of 2015-16)

www.sbiobcchd.org





APPLICATION FOR MEMBERSHIP

	Date:
The General Secretary SBI OBCs Employees Welfare Association #545, Urban Estate, Phase -II PATIALA-147002.	
Dear Sir,	
Employees Welfare Association -Chandig 55/-(Officer), 35/- (Award Staff) and 20/-	per of State Bank of India Other Backward Classes (OBCs) garh Circle. I agree to pay the monthly subscription of Rs. (Sub-staff) (please tick according to cadre) and . I credited ards membership fee. Please acknowledge the receipt.
Yours faithfully,	
(Signature of the Applicant)	
NAME OF THE MEMBER	
DESIGNAGTION	
PRESENT PLACE OF POSTING	
RESIDENTIAL ADDRESS	
MOBILE NO:	HRMS NO:
Email:	DOB:
CASTE	GROUP

Note:- Please submit the duly filled application at the Registered office's address:-

State Bank of India OBC's Employees Welfare Association- Chandigarh Circle, #545, Urban Estate, Phase-II, Patiala- 147001

The Branch/Chief/Asst. G State Bank of India	en. Manager	
Bran	ich	
Dear Sir,		
AUTHORISATION FOR DI ALLOWANCES.	EDUCTION OF MONTHLY SUBSCRIPTION FROM MONTHLY MY SALAF	RY ANI
	from my salary and allowances every month a sum of Rs only) towards my monthly subscription to the State Bank	
	re Association- Chandigarh Circle and credit the same to Acco	
	by the Association at Urban Estate, Phase -2 Branch, Patiala. Further I	
you deduct Rs	from my salary & Allowances towards Associations subscription every	month
please treat it as a "stan	ding Instruction"	
Yours faithfully,		
(Signature of the membe	er)	
NAME OF THE MEMBER		
DESIGNATION		
HRMS/PF NO		
BRANACH/DEPT		
MOBILE NO		
ACCOUNT NO		

Note: - monthly subscription for Sub staff Rs. 20/-, Clerical Rs.35/- & Rs.55/- for Officers