APPLICATION FORM FOR BOOKING.

(TO BE MADE BY A MEMBER OF THE STAFF (ALL CATEGORIES) FOR USE OF HOLIDAY HOME(S)	
Name in full:(Block letters)	
Designation:	.P.F.Index Number:
Deptt. /Branch:	
Mobil No/ Tel.No :	Account No
The President, Circle Welfare Committee,	State Bank of India With you - all the way
*Circle State Bank of India, Local Head Office,	
* Ahmedabad / Bangalore / Bengal / Bhopal / Bhubaneshwar / Chandigarh / Chennai / Delhi / Hyderabad / Kerala /Lucknow / Mumbai / North-East / Patna	
(Through the President /Secretary, Local Imp	lementation Committee,
Dear Sir,	
I shall be glad if you will please allot me a room i	n the Bank's Holiday Home situated at
for a period of days preferably from	to or from any date available.
The rules have been read by me or have been re	ead to me.
 i) I shall abide by the rules and bye-laws, if any. ii) I declare that I shall pay all dues payable by me. iii) In the event of non payment of any dues by me, I authorize Bank to recover the same from my salary account. iv) Details of the family who will accompany me. 	
<u>Name(s)</u>	Relation / Age
1	
2	
4	
5	
Date:	O'markers of Franks
	Signature of Employee
Forwarded for consideration of Circle Welfare Co	ommittee.
SECRETARY	PRESIDENT
Local Implementation Committee	Local Implementation Committee
S.B.I.	S.B.I
•	y- cum-Convalescent Home" payable at Main Branch of the Circle.
Draft NoDated	for RsDrawn on