

**APPLICATION FORM FOR ALLOTMENT OF ACCOMMODATION AT “VIJAYA
THARAK BHAVAN”, VIJAYAWADA**

To

Date:

The President / Secretary

SBI Staff Mutually Aided Co-operative Credit Society Ltd.,

C/o State Bank of India

Main Branch, B.R.P. Road

VIJAYAWADA – 520001

PHONE / FAX NO. 0866-2425026

Dear Sir,

- 1) I Shall be glad if you please allot me Super Deluxe A.C / Non A.C: Family Suite A.C/ Non A.C at “Vijaya Tharak Bhavan” situated at Vijayawada for a period of _____ days from _____ to _____. The rules have been read by me. I shall abide by the rules and declare that I shall pay all dues payable by me. A Crossed Demand Draft No. _____ dated _____ for Rs. _____ favouring “VIJAYA THARAK BHAVAN” drawn on Vijayawada / receipt of rental credit to the Account No.34345595221 is enclosed towards advance payment of rent.
- 2) The accommodation is meant for the use of member / non member
- 3) Details of family members who will accompany me are furnished hereunder.

Sl No	Name of the person	Relationship	Age

Encl: as above

Signature of the Applicant

Full Address with pincode:

Name:

Designation:

Branch:

Phn No:

Fax No: