



STATE BANK OF INDIA
APPLICATION FORM FOR HOLIDAY CUM CONVALESCENT HOME

DATE : _____

NAME : _____
DESIGNATION : _____
BRANCH : _____
DISTRICT : _____
PIN CODE : _____

To,
The President,
Circle Welfare Committee (_____ Circle)

(Through the President, Local Implementation Committee,
State Bank of India _____)

Dear Sir,

I shall be glad if you will please allot to me a suite/room (s) in the Bank's Holiday cum convalescent Home situated at _____ for a period of _____ days preferably from _____ or from any date available. The rules have been read by me or have been known 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 dues by me I authorize the Bank to recover the same from my salary.
4. Details of the family, who will accompany me.

S.No	Name	Relationship	Age
1			
2			
3			
4			
5			
6			

Signature of Applicant

Forwarded for consideration of Circle Welfare Committee.

Secretary,
Local Implementation Committee
State Bank of India

President,
Local Implementation Committee
State Bank of India