APPLICATION FORM FOR BOOKING.

(TO BE MADE BY A MEM	BER OF THE STAF	F (ALL CATEGOR	RIES) FOR USE OF HOLIDAY HOME(S)	
Name in full:				
(Block letters)				
Designation:		P.F.Index Num	nber:	
Deptt. /Branch:				
Mobil No/ Tel.No :		Account No		
The President, Circle Welfare Committee,		Stat	h you - all the way Nothing else.	
State Bank of India, Local Head Office,	Sircie			
* Ahmedabad / Bangalore / Bengal / Bhopal / Bhubaneshwar / Chandigarh / Chennai / Delhi / Hyderabad / Kerala /Lucknow / Mumbai / North-East / Patna				
(Through the President /	Secretary, Local Im	nplementation Co	ommittee,)
Dear Sir,				
I shall be glad if you will pl	ease allot me a roor	n in the Bank's Ho	oliday Home situated at	
for a period of	days preferably fron	n to .	or from any date available.	
The rules have been read by me or have been read to me.				
i) I shall abide by the ruleii) I declare that I shall payiii) In the event of non payiv) Details of the family wh	/ all dues payable by ment of any dues by	y me. me, I authorize Ba	ank to recover the same from my salary acc	count.
<u>Name</u>	<u>e(s)</u>	Relatio	on / Age	
1				
4				
5				
Date:			Signature of Employee	
			Signature of Employee	
Forwarded for consideration	on of Circle Welfare	Committee.		
SECRETARY Local Implementation Com S.B.I.			PRESIDENT ocal Implementation Committee B.I.	
Kindly enclose demand dra	aft in favour of "Holio	day- cum-Convales	scent Home" payable at Main Branch of the	: Circle.
Draft No.	Dated	for Re	Drawn on	