Application Form(To be made by a member of the Staff (all categories) for use of Holiday

Homes/s)	
(B	e in Full : Block Letters) gnation : Branch / Dept
Tel. N	o. / Intercom: Date:
The President / Secretary, Circle Welfare Committee, Circle,	Date
State Bank of India	
Dear Sir, I shall be glad if you will please allot m Convalescent Home situated at days preferably	
available. The rules have been read by mentioned on reverse of the form) 1. I shall abide by the rules and bye-la 2. I declare that I shall pay all dues pa 3. In the event of non-payment of any recover the same from my salary. 4. Details of the family who will accom	y me or have been read to me. (As ws, if any. yable by me dues by me. I authorise the Bank to
1. 2. 3. 4. 5.	e names of the persons included in the
above are the members of my family.	riames of the persons included in the
	Signature of the Applicant
Secretary Local Implementation Committee Committee	President Local Implementation

State Bank of India

State Bank of India _____