



State Bank of India Officers' Association

(AHMEDABAD CIRCLE)

(Registered Under Trade Unions Act-1926 Regd, No. G-5101)

State Bank Building, 1 st Floor, Bhadra, P.B. No. 161, Ahmedabad-1.
Tel.: 25507622, 25508662 Fax : 25506922 e-mail: sbioa.lhoahm@sbi.co.in

The General Secretary,
State Bank of India Officer's Association
Ahmedabad-380001.

Dear Sir,

I am an official of the State Bank of India _____ Branch / Dept _____

I have read the Constitution and the bye-laws of the Association and agree to abide by the same.

I remit herewith a sum of ? 101/- (One Hundred One Only) being the Admission Fee.

I have given the letter of authority to the bank for deduction of my subscription.

Please enrol me as an ordinary member of the Association.

In this connection, I assure that I shall neither act in anyway detrimental to the interest of the Association nor do any harm to the prestige of the Association.

Yours faithfully

Place :

Date :

(Signature of the official)

Full Name _____
(Surname) (1st Name) (2nd Name)

Designation _____ Age _____ Years _____ Br/Dept. _____

Residential Address _____

Ph. (R) _____ (O) _____ (M) _____

Office : _____ Residence: _____

Admitted in the Register of Members, Enrolled and Fees credited.

President

General Secretary

Treasurer

Computer No	:	_____	Branch	:	_____
Deduction Letter	:	_____	Cheque / Draft No.	:	_____
Index No.	:	_____	Date	:	_____
			Amount	:	_____



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MEMBER'S BIO DATA FORM

Affix Your
Latest
Photograph

E-mail ID:

P.P. NO.

Name _____

(Surname)

(1st Name)

(2nd Name)

Address : _____

Ph. : (R) _____

(O) _____

(M) _____

Married _____

Unmarried _____

Other _____

Date of Joining in Bank _____

Religion _____

Date of Birth _____

Education Qualificatins : _____

Languages Known : _____

Position regarding C A I I B : _____

Place of Domicile : _____

PROMOTED AS

AT BRANCH / OFFICER

OFFICER JMG I

Date on _____

OFFICER'MMG II

Date on _____

OFFICER MMG III

Date on _____

OFFICER SMG IV

Date on _____

OFFICER SMG V

Date on _____

OFFICER TEG VI

Date on _____

Probationary Officer

Date on _____

Trainee Officer

Date on _____

The particulars as stated above are correct and to the best of my knowledge

Place :

Date :

Signature

(Name :

)

NOMINATION FORM

Member's Name : _____
(in block capitals)

Place : _____

Date : _____

To,
The General Secretary
STATE BANK OF INDIA OFFICER'S ASSOCIATION
(Ahmedabad Circle) Benevolent Fund,
State Bank Building, 1st Floor, Ahmedabad-1.

I hereby direct that amount payable from the Benevolent Fund in the event of my death shall be distributed among the members of my family mentioned below in the manner shown against their name :

Name, Address and Phone / Mobile No. of the Nominees	Relationship with the Member	Age of the Nominee	Manner of distribution
1. Ph. No. _____ (M)			
2. Ph. No. _____ (M)			
3. Ph. No. _____ (M)			

Without prejudice to my right to cancel the nomination made by me whenever I think fit, I hereby give notice that in the event of the person / any of the persons nominated hereunder predeceasing me, this nomination shall forthwith stand cancelled in so far as it relates to the rights conferred upon such person/any of such persons.

WITNESS :

Yours faithfully

1) Signature _____
Name _____
Designation _____
Address _____

Signature
(Name : _____)

The Office / Branch Manager,
STATE BANK OF INDIA

_____ Office / Branch

Date :

Dear Sir,

**AUTHORISATION FOR DEDUCTION OF SUBSCRIPTION
FROM THE MONTHLY SALARY AND ALLOWANCES**

I request you to deduct from my salary and allowances every month a sum of ? 200- (Rupees Two Hundred Only) and Credit / remit the same to the current account of the **State Bank fo India Officers' Assocation** (Ahmedabad Circle) at Ahmedabad Main Branch of the Bank followed by advice from the Branch to SBIOA.

I also authorise you to remit the subscription whenever raised by the SBIOA from time to time. The authorisation shall continue to be effective till I revoke the same. Any scuh revocation given during the year shall be effective from the month of January of succeeding year.

For the benefit of our members, please find below the navigation for reigstering deduction through HRMS

Login HRMS PORTAL
Go to Employee self service
Select monthly deduction
Create third party deduction
Give - start date - end date
Deduction Type : 1001 union
Deduction sub type 1630 Union / Associaiton Member
Payment to O-U-1001
Give PF No. / Account No.
SBIOA : Account No. 10542888006.
For any query/information please contact-079-25507622

Yours faithfully,

Signature _____

Name : _____

(In Block Letters)

Designation _____

P.P. No. _____

M. (O) _____ (R) _____

The Office / Branch Manager,
STATE BANK OF INDIA

_____ Office / Branch

Date :

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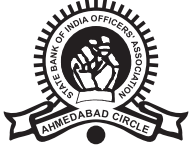
Name : _____

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Designation _____

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M. (O) _____ (R) _____



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WELFARE SCHEME

APPLICATION FORM

To,
The General Secretary,
SBI Officers' Association,
State Bank Building,
1st Floor, P.B. No. 161, Bhadra,
Ahmedabad.

Signed
Photograph

From :

Shri _____

C/o. State Bank of India

Date :

PF No. :

E-mail ID :

Membership No.

I am a member of SBI Officers' Association (Ahmedabad Circle) *

I request you to enrol me as member of the SBI Officers' Association's Welfare Scheme. I abide by the Rules and Regulations of the Scheme.

* The requisite subscription of Rs. 2000/- towards my membership is enclosed

Branch _____ Cheque / Draft No., _____ Date _____

Rs _____ Rupees _____

My particulars are furnished below : _____

1) Name (in Block letters)

(Surname)

(1st Name)

(Surname)

2) Present Residential Address

Ph. : _____ (M) : _____

3) Permanent Residential Address

Ph. : _____ (M) : _____

- 4) Marital Status : Married / Unmarried
- 5) Details of family members (if minor, please state date of birth)

Name	Relationship	Age	Dt. of Birth
(1)			
(2)			
(3)			
(4)			
(5)			

NOMINATION : I nominate Shri / Smt. _____
 _____ as my nominee.

Name of the Nominee and address in Full	Relationship with the Nominator
	Mobile No. :
	Phone :

Date of birth of the Nominee (If minor) : _____

Witness :

- 1) _____ (Signature) _____ (Name)
- 2) _____
- 3) _____

(Signature of the member)

Enrolled Shri _____

as Member of the welfare Scheme

For, SBI Officers' Association

Date : _____

General Secretary