SBI OTHER BACKWARD CLASSES (OBC) EMPLOYEES WELFARE ASSOCIATION

AMARAVATHI CIRCLE

(Regd. No.121 of 2023)

ANDHRA PRADESH

APPLICATION FOR MEMBERSHIP

The General Secretary,
SBI OBC Employees Welfare Association (AC),
D.No: 28-5-26, Pantakaluva Road,
Opp. Maris Stella College Indoor Stadium,
VIJAYAWADA - 520010.

Dear Comrade,

1. I shall be obliged, if you will please enroll me as a member of SBI OBC Employees Welfare Association (AC). I have read the bye laws of Association and agree to abide by them.
2. I enclose a demand draft/bankers' cheque for a sum of Rs.100/- (Rupees One hundred only) towards admission fee.
3. I have today given a letter of authorization to the Assistant General Manager (HR), State Bank of India, LHO Amaravathi Circle, Gunfoundry, Hyderabad requesting to deduct a sum of Rs.10/20/30 from my salary and allowances every month and credit the same to SBI OBC Employees Welfare Association (AC) General Fund Account No. 41935472284 towards monthly subscription.
4. I agree to pay the monthly subscription as decided by the Association from time to time. I have credited to General Fund Account No. 41935472284 a sum of Rs.10/20/30 towards subscription of this month. I request you to accept the same and acknowledge the receipt.

Yours faithfully,

(Signature)

Name of the Member	
Designation	
Present Place of Posting	
Residential Address	
P.F. Number	
Mobile Number	
e-Mail ID	
Date of Birth	
Date of Appointment	
Caste & Group	

LETTER OF AUTHORISATION

Place :
Date :

The Assistant General Manager,
State Bank of India,
HR Dept.,
Local Head Office,
Amaravathi Circle,
Gunfoundry,
Hyderabad.

Dear Comrade,

Authorisation for Deduction of monthly subscription from my salary and allowances

I request you to deduct from my salary and allowances every month a sum of Rs. 10/20/30 (Rupeees Twenty only) towards monthly subscription to the SBI OBC Employees Welfare Association (AC) and credit the same to their General Fund Account No. 41935472284. The deduction may be commenced from the month of January 2023

Yours Faithfully

(Signature)

Name of the Member	
Designation	
P.F. Number	
Branch / Dept.	
Mobile Number	
Account Number	