APPLICATION FORM FOR HOLIDAY HOME

| То | The Secretary, Circle Welfare Committee (| | | |
|--|--|---|---|--|
| - | | The Secretary, Local Implementation Constate Bank of India, LHO, Thiruvananth | <u> </u> | |
| Dear | · Sir, | | | |
| Hom prefe | ne situated | at or from any dat | m(s) in the Bank's Holiday-cum-convalescent for a period of | |
| 2. | I shall ab | oide by the rules and bye-laws if any. | | |
| 3. | I declare that I shall pay all dues payable by me. | | | |
| 4. In the event of non-payment of any dues by me, I authorize the Bank to recover the same from my salary. | | | | |
| 5. | Details of | Details of the family, who will accompany me are as under: | | |
| | Name | Relation | Age | |
| | | | | |
| You | rs faithfull | y, | | |
| Sign | ature of th | ne applicant | | |
| Nam Desi Addı | gnation | | | |
| Date | | | | |
| Forw | varded for | consideration of Circle Welfare Commi | ttee | |
| Secr | etary | President | | |

Local Implementation Committee, State Bank of India, Local Head Office, Thiruvananthapuram 695001