



STATE BANK OF INDIA
OTHER BACKWARD CLASSES (OBC) EMPLOYEES' WELFARE ASSOCIATION
HYDERABAD CIRCLE
(Regd No.4829 of 1996)
(Affiliated to National Union for Backward Classes, New Delhi)
HYDERABAD-1(TS)

APPLICATION FOR MEMBERSHIP

Date: _____

The General Secretary
SBI OBC Employees Welfare Association
LHO Amaravati, Opposite Charmas, ABIDS
Gunfoundry
HYDERABAD.

Dear Sir,

I request you to enroll me as a member of **State Bank of India Other Backward Classes (OBC) Employees Welfare Association HYDERABAD CIRCLE**. I agree to pay the monthly subscription as decided by the Association from time to time. I credited Rs.20/- to Current Account No. **36933812745** towards membership fee. Please acknowledge the receipt.

Yours faithfully,

(Signature of the Applicant)

NAME OF THE MEMBER		
DESIGNATION		
PRESENT PLACE OF POSTING		
RESIDENTIAL ADDRESS		
MOBILE NO:	HRMS NO:	PF NO:
EMAIL:	DOB:	DOA:
CASTE	GROUP	SL NO

Please send application to Secretary, State Bank of India OBC Employees Welfare Association, Opposite Charmas, ABIDS Gunfoundry Hyderabad-1. Tel & Fax No.040-23382861 Cell No.9493345912, website sbhobcwelfare.org

The Branch/Chief/Asst. Gen. Manager
State Bank of India
_____ Branch

Dear Sir,

AUTHORISATION FOR DEDUCTION OF MONTHLY SUBSCRIPTION FROM MONTHLY MY SALARY AND ALLOWANCES.

I request you to deduct from my salary and allowances every month a sum of Rs. _____ (Rs. _____ only) towards monthly subscription to the State Bank of India OBC Employees Welfare Association, HYDERABAD CIRCLE and credit the same to Current Account No. **36933812745** maintained by the Association at Gunfoundry Branch Hyderabad. Please treat it as a **“STANDING INSTRUCTION”**

Yours faithfully,

(Signature of the member)

NAME OF THE MEMBER	
DESIGNATION	
HRMS/PF NO	
BRANACH/DEPT	
MOBILE NO	
ACCOUNT NO	

Note: - Monthly Subscription for Sub staff Rs.10/-, Clerical Rs.20/- & Rs.30/- for Officers