

## SBI SC/ST & OBC EMPLOYEES' COUNCIL

(Affiliated to National Federation of State Bank of India SC/ST Employees)

1, Strand Road, Samriddhi Bhavan, Block 'E', 7th Floor,

Website: https://sbibengalcouncil.com

## Membership Form

To,

The DGM/AGM/CM/BM,

State Bank of India,

H. R. M. Section (Kolkata).

Dear Sir,

AUTHORISATION FOR DEDUCTION OF MONTHLY SUBSCRIPTION TOWARDS MEMBERSHIP OF SBI SCIST & OBC EMPLOYEES' COUNCIL (BENGAL CIRCLE), FROM MEMBERS' MONTHLY SALARY & ALLOWANCES.

I requests you to deduct from my salary and allowances every month a sum of Rs (SUPERVISING STAFF Rs. 200/-, CLERICAL STAFF Rs. 150/-, SUBORDINATE STAFF Rs. 100/- ONLY) and remit the same to the SBI SC/ST & OBC EMPLOYEES' COUNCIL (BENGAL CIRCLE).

This authorisation shall continue to be effective till revoke the same, which revocation, however by due intimation given to you before December of a year is to be effective from January of the next year.

|  | Applica       | nt Information   |
|--|---------------|--|
| Full Name:                                       |               | Date:  |
| First Office Address:                            | Middle        | Last   |
| PHONE (M)  | e N           | Mail:  |
| Branch Name                                      | Designation.: | Catagory <u>:</u>  |
| P.F  |               | SC/ST/OBC  |
|  |               | wledgement   |
| I want all notification in any media             | YES NO<br>⊠ □ | YES NO Council can ineffective my membership □ □             |
|  | Re            | ferences   |
| Please confirm one member's reference Full Name: | rence.        |  |
| Branch Name:                                     |               |  |
|  | Disclaime     | r and Signature  |
| I certify that my answers are true a             |               |  |
|  | •             | false or misleading information in my application may result |
| Signature:                                       | Date:         |  |

Signature of General Secretary: