APPLICATION FORM

[To be made by a member of the staff (all categories) for the use of HOLIDAY HOME(s)]

Full Name	:			_	
Designation	າ :				
Branch / Of (Code No.)				_	
Email	:			_	
Tel. No	:	, Fax No. :			
Date	:			_	
To, The Preside Circle Welf State Bank Kolkata L.F	are Committee, of India,				
Dear Sir,					
I shall be g	lad if you will all	lot me a room in the B	ank's Holiday–cun	n– convalescent H	ome situated at
		for a period of	days from	/ to	//
or from any	date available. T	he rules have been read	l by me or have bee	n read to me.	
I enclose a	D/Draft for Rs	_ (DD No, c	lt) on CC	PC, Kolkata (1039	v 1).
2. I declare 3. In the exsalary a/c N	that I shall pay all ent of non-paym lo	nd bye-laws if any. I dues payable by me. ent of any due by me, vill accompany me.	I authorize the Ba	ink to recover the	same from my
Sr. No.		Name		Relation	Age
Signature		ded for consideration Secretary OCAL IMPLEMENT	President		
			Branch		