



SBI SC/ST & OBC EMPLOYEES' COUNCIL
KOLKATA CIRCLE (WEST BENGAL , SIKKIM , ANDAMAN & NICOBAR ISLANDS)
(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> REG.NO. S/IL/18741/03-04

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 SC/ST & 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.

Applicant Information

Full Name:

Date:

First

Middle

Last

Branch Name:

Office Address:

PHONE (M)

P. F. :

Male / Female / Other

Date of Birth:/...../.....

Category: (SC/ST/OBC)

Acknowledgement: I want all notification in any media & Council can ineffective my membership.

References

Please confirm one member's reference.

Full Name:

Branch Name:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application may result null and void.

Signature:

Date:

Signature of General Secretary