APPLICATION FORM FOR HOLIDAY HOME

To	The Secretary, Circle Welfare Committee (
_		the Secretary, Local Implementation Committee, tate Bank of India, LHO, Thiruvananthapuram.		
Dear	· Sir,			
Hon prefe	ne situated a	at or from any date	m(s) in the Bank's Holiday-cum-convalescent for a period of	
2.	I shall abi	de by the rules and bye-laws if any.		
3.	I declare that I shall pay all dues payable by me.			
4. salar		ent of non-payment of any dues by me, I	authorize the Bank to recover the same from my	
5.	Details of	Details of the family, who will accompany me are as under:		
	Name	Relation	Age	
You	rs faithfully	y,		
Sign	ature of the	e applicant		
Nam Desi Addı	gnation			
Date				
Forv	varded for o	consideration of Circle Welfare Commit	tee	
Secr	etarv	President		

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