APPLICATION FORM FOR BOOKING OF THE HOLIDAY HOME

State Ba	Velfare Co ink of India ead Office	•				
		o allot me room(s) in for a period of da			_	
Name in	full:					
Designation:			PFI:			
Deptt. /Branch:			Serving / Retired	j		
(0		(only Salary	Account No. : only Salary/pension account to be given) or which facility already availed in this FY :			
i)		r of Room days for which fac es have been read by me or		FY:		
ii)	ii) I shall abide by the rules and byelaws.					
iii)	iii) If the booking is confirmed, I authorize Bank to debit my account number mentioned above with the					
	booking charges for the requested period.					
iv)	Further, I also authorize Bank to recover charges on account of No Show Instance or cancellation as per					
	extant guidelines from my above mentioned account.					
v)	Name and details of the occupants and relationship with me is mentioned overleaf.					
	(Signature of the employee)			Date:		
	Forwarded for consideration of Circle Welfare Comm		ele Welfare Committee,		Circle. I	
	confirmed that the booking charges have been recovered by me.					
	SECRETARY Local Implementation Committee, S.B.I.,				PRESIDENT Circle	
		Details of the occupants and relationship with me				
	Sl.No.	Name		Relationship	Age	

(Signature of the employee)

Date: