



State Bank of India (Bhopal Circle) Adhikari Sahkari Sakh Samiti Maryadit, Bhopal

(Regd. No. MSCS/CR/132/2001)

C/o State Bank of India, Local Head Office, Maez. Floor, Hoshangabad Road,
Bhopal-462011

GRAM : 'HELP'
Phone : 2554835
4288298

APPLICATION FOR MEMBERSHIP

Please attach Draft for Rs.	1510.00
Family Welfare Deposit Rs.	500.00
Share Amount Rs.	1000.00
Admission Fee Rs.	10.00
Total Rs.	1510.00

For Office Use

Memship No.....

To,
The President,
State Bank of India (Bhopal Circle) Adhikari Sahkari Sakh Samiti Maryadit,
Bhopal - 462011
Sir,

I apply that I may be admitted as a member of your Society and be allotted shares of Rs. 25/- each. I send herewith Rs. payment thereof inclusive of the admission fee of Rs. 10/- and agree to abide by the byelaws of the society which are now or hereunder may come in force.

1	Name (Block Letters)	
2	Father's /Husband's Name	
3	Cast	
4	Date of Birth	ddmmyyyy
5	Designation	
6	Department/Section	
7	Branch	
8	Basic Pay	
9	Dearness Allowance	
10	Other Allowance	
11	Date of Appointment in State Bank of India	ddmmyyyy
12	Residential Address	
13	Whether he was a member previously and if so, how the membership terminated and when	
14	Whether the applicant is a member of any other Co-operative Credit Society	
15	P.F. Index No.	
16	Salary A/c No. (CA / SB)	
17	Mobile No.	

I hereby solemnly declare that all the information given above is true.

PLACE.
DATE.

Signature of Applicant

We, the members of the society propose that Kum./Smt./Shri who to your knowledge, possess all the qualifications to become a member of the Society, may be admitted as a member.

Proposed by. Membership No.
Full Name

Seconded by Membership No.
Full Name

To,
THE PRESIDENT
State Bank of India (Bhopal Circle) Adhikari Sahkari Sakh Samiti Maryadit
BHOPAL - 462011

I, agree to the installment of share capital, loan or other sums that may, at any time, and from time to time become due and payable by me to the Society being recovered by the Society from my monthly Salary through the officer for the time being disbursing such Salary. I herewith furnish an agreement authorizing such officer to effect as and when necessary recoveries from my salary.

PLACE

DATE

Signature of Member

CERTIFICATE

The Applicant Kum./Smt./Shri is a permanent employee of State bank of IndiaBranch/Department.

- 1. Designation -
- 2. Branch -
- 3. Date of Birth -
- 4. Date of Appointment -
- 5. Basic Pay -
- 6. Dearness Allowance -
- 7. Other Allowances -

For State Bank of India

PLACE :

DATE :

CHIEF/BRANCH/OFFICE MANAGER
(Office Seal)

NOMINATION

PLACE :

DATE :

I hereby nominate

(mention relationship)

Aged to succeed in the event of my share or interest in the society and receive any amount that may due to me from the society.

Signature of Nominee

Signature of Applicant

Witness

- 1. Signature ...
- 2. Name (in Block Letters) ...
- 3. Designation ...
- 4. Address ...

OFFICE NOTE

Kum./Smt./Shri admitted as member of the Society from

Membership No.

Bhopal,

Dated.....

PRESIDENT

Kum./Smt./Shri.....

PLACE.....

State Bank of India

.....

DATE.....

The Chief/Branch/Office Manager
State Bank of India

.....

Through the President, State Bank of India (Bhopal Circle) Adhikari Sahkari Sakh Samiti
Maryadit, Bhopal - 462011

I.....have applied for admission as a member of/a loan from State Bank of India (Bhopal Circle) Adhikari Sahkari Sakh Samiti Maryadit, Bhopal and I hereby authorize you to recover from and out of my monthly salary and pay such sum or sums to the said Society in payment of all or any installments of share capital loan, or loans, deposits and all other sums that may from time to time and at any time become due and payable by me to the said Society towards the installment or installments of shares capital, deposits loan or loans or other sums that may be due and payable by me to the Society, I agree to accept as sufficient evidence as may liability a demand from on officer of the Society, I shall not at any time ask for the suspension of the recoveries except with the express consent of the Managing Committee of the Society.

2. If I am transferred to any other branch, I request and authorize yourself and the Society to communicate to my new pay disbursing officer a copy of this agreement and request and authorize him to make the recoveries. There upon the disbursing officer shall effect recoveries according to the demand list sent to him by the Society or yourself.

Signature of Member.....

FORWARDED to the Chief/Branch/Office Manager

Admitted on and Membership No.....

For S.B.I. (Bhopal Circle) Adhikari Sahkari Sakh Samiti Maryadit, Bhopal

PRESIDENT

.....Dept./Branch

Date.....

The Branch/Chief/Office Manager
State Bank of India

.....

State Bank of India (Bhopal Circle)
Adhikari Sahkari Sakh Samiti Maryadit, Bhopal
(Regd. No. MSCS/CR/132/2001)

"FAMILY GRATUITY DEPOSIT SCHEME"

Membership No.....

Dear Sir,

Kindly deduct from my salary a sum of Rs. 500/-(Rupees Five Hundred only) each month and credit/remit the same on my behalf to the S.B.I.(Bhopal Circle) Adhikari Sahkari Sakh Samiti Maryadit, Savings Account at the Udayachal (Bhopal) Branch as my contribution towards the above Scheme.

I hereby declare that this authority shall not be revoked by me without written consent of the Society.

Thanking you.

Yours faithfully,

Signature.....

Name of the Member.....

Designation.....

Branch / Department.....

State Bank of India (Bhopal Circle)
Adhikari Sahkari Sakh Samiti Maryadit, Bhopal
(Regd. No. MSCS/CR/132/2001)

The President
 S.B.I.(Bhopal Circle) Adhikari
 Sahkari Sakh Samiti Maryadit,
 Bhopal - 462011



Gram : "HELP"

FOR OFFICE USE	
Membership No.	
Branch / Dept.	
Initials	

"FAMILY GRATUITY DEPOSIT SCHEME" APPLICATION FOR MEMBERSHIP

1. The undersigned member of the Society apply for membership of the "Family Gratuity Deposit Scheme".
2. I agree and undertake to deposit Rs. 500/-(Rupees five Hundred only) per month towards the aforesaid scheme and hereby authorize the society to recover the same from my monthly salary and that my employer, the State bank of India shall be competent to deduct from monthly salary payable to me by them, an amount as advised by the Society from time to time and to pay the amount so deducted to the Society towards the aforesaid scheme.
3. I agree to abide by the Society's Bye-laws and the Rules framed thereunder and also Rules of the aforesaid scheme, which are now in force as may be modified or altered from time to time.
4. Particulars of the Member:

Full Name	Kum./Smt./Shri.....		
Short Name as on Bank's record			
Designation	Dept./Branch
Date of Birth		Married / Unmarried	
Residential Address (Local)		
Permanent Residential Address		

5. I nominate the following person to receive the amount payable under the aforesaid Scheme in the event of my death (Nominee should NOT be any other than Wife / Husband or Son / Daughter or father / Mother of the member)

PARTICULARS OF THE NOMINEE

Full Name	Kum./Smt./Shri.....
Minor /Major	Relation with the member.....

If minor, indicate name of the guardian
Guardian's relation with the nominee
Permanent Residential Address

Signed before me

Signature of Witness

Applicant's Signature

Membership No.....

Full Name

Branch / Dept..... Membership No.....

Date.....

FOR OFFICE USE ONLY

This form is in order, Put up for approval Please.

.....
Scrutiniser

.....
Manager

Admitted as a member of the "family gratuity Deposit Scheme" on
.....Recovery to be made from the month of200

President

Admission ratified by the Managing Committee
In its meeting held on200

Manager

Posted in Loan Ledger	L.F. No.	Initial	Initial
F.G.D.S. Sent on			
Register			