



State Bank of India Staff Association  
Co-operative Society Odisha Ltd. Cuttack-753002

**APPLICATION FOR MEMBERSHIP**

P. F. Index No. ....

A/c. No. ....

Mobile No. ....

To  
The Secretary  
SBI Staff Association Co-operative Society Odisha Ltd. Cuttack

Paste  
your recent  
passport size  
colour  
photograph

**DO NOT STAPLE**

Dear Sir,

I beg to apply for admission as a member of the State Bank of India Staff Association Cooperative Society Odisha Ltd. Cuttack. I have carefully read the Provision of the Bye-Laws of the Society and I hereby agree to abide by them or any modification made from time to time,

I enclose herewith a Draft/Cheque No..... for ₹. 60/- towards membership fee and allotment of one share which I agree to accept.

I also nominate\* my (relation).....Sri/Smt./Kum. .... to whom the value of the shares I may be permitted to hold and the profit which may accrue thereon, as also any sum or sums payable to me on my account should be paid in the event of my death.

*Yours faithfully*

\*A minor is not permissible

*Signature (in full)*

Full Name :                      Designation \_\_\_\_\_

Present Substantive Pay ₹. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Joining \_\_\_\_\_ Period of confirmed service  \*\*

Age:   Sex : Male  / Female  Caste: Gen.  / OBC  / SC  / ST  Married  / Unmarried

Office in which employed SBI ..... Father's/Husband's Name .....

Permanent Address .....

.....Phone : .....

We recommend that Sri/Smt.Kum..... may be admitted as member of the cooperative

(1) Name .....Branch..... \*

(2) Name .....Branch ..... \*

\*Full Signature of two members of the Cooperative supporting the membership

*Certified that Sri/Smt./Kum. ....*

*holds a permanent post in the State Bank of India.....Branch and*

*has been confirmed in the appointment on Date..... He/She is also a member of the State*

*Bank of India Staff Association and paid up to date union subscription etc.*

*Secretary,*

*S.B.I. Staff Association*

Date.....

.....Unit

**\*\* Latest Salary Certificate issued by HRMS to be enclosed**

**N.B. : Incomplete application may lead to rejection**

**[P.T.O.]**

**FOR OFFICE USE ONLY**

Placed at the Committee meeting held on .....and accepted.

Hony President

**MEMBERSHIP  
NUMBER**

**₹. 60/- CREDIT TO  
A/C. NO.**

**SHARE CERTIFICATE  
NO.**

From (Full Name) .....

Designation..... Date.....

To  
THE BRANCH MANAGER/OFFICE MANAGER,  
STATE BANK OF INDIA .....BRANCH

**THE STATE BANK OF INDIA STAFF ASSOCIATION CO-OPERATIVE SOCIETY ODISHA LTD. CUTTACK  
RETIREMENT BENEFIT FUND**

I hereby authorise you to deduct from my salary and pay to the State Bank of India Staff Association Co-operative Society Odisha Ltd., Cuttack each month a sum of ₹. .... (Rupees.....)  
only representing my monthly contribution to the Retirement Benefit Fund & DALPS of the Society until further notice.

**WITNESS**

Signature .....

Full Name.....

Designation .....

Branch .....

*Yours Faithfully*

*Signature in full*

Attested  
For the SBI Staff Association

For the S.B.I. Staff Association Co-operative Society Odisha Ltd.,

Secretary ..... Unit

**Secretay**