

APPLICATION FOR MEMBERSHIP

SHARE CAPITAL AMOUNT - 1000
FAMILY GRATUITY DEPOSIT AMOUNT - 800
DEATH COMPENSATION AMOUNT - 200
ADMISSION FEES - 10
PLEASE DEPOSIT FOR DD & CHEQUE - 2010
SBI A/c No. 31513814962
Branch Udyachal (07932)



Cheque / DD in Favour of "SBI ADHIKARI
SAHAKARI SAKH SAMITI MYDT., BHOPAL"
DD Drawn on "SBI UDAYACHAL BRANCH"
Branch Code : 07932, IFSC : SBIN0007932
Cheque/DD No.Date.....
Cheque Amount

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

(A Multi State Cooperative Society Regd.No.MSCS/CR/132/2001)
C/o State Bank of India, Local Head Office
Mezz. Floor, Hoshangabad Road, Bhopal -462011
Phone No. : 0755-2554835, Fax No. 0755-2559828
Email : sbiasssbpl@gmail.com, Website : www.sbiasssbhopal.com

To, MEM No.

The President,
SBI (Bhopal Circle) Adhikari Sahakari Sakh Samiti Maryadit Bhopal
Mezzanine Floor, LHO Hoshangabad Road, Bhopal-462011

Sir,
I may be admitted as a member of your society and be allotted _____ shares of Rs 25/- each. I remit herewith Rs _____ Payment thereof inclusive of the admission fee of Rs 10/- and agree to abide by the bye-laws of the society which are now or hereafter may come in force.

PERSONAL INFORMATION

(To be filled in the applicant)
(PLEASE FILL IN ENGLISH CAPITAL LETTERS ONLY)

1. Provident Fund Index No :
2. Applicant's Name :
3. Father's/ Husband Name :
4. Date of Birth :
5. (a) Sex (Tick only one) : Male Female
(b) Marital Status : Married Unmarried
6. Residential Address :
7. Permanent Home Address :
8. Mobile no/Phone no :
9. Salary A/c no (Encl. Salary Slip) :
10. Aadhaar Card No. (Encl. Copy) :
11. Email address :

SERVICE INFORMATION

1. Present Posting at :
2. Branch code :
3. Designation :
4. Date of Joining :
5. Date of Retirement :
6. Gross Salary :

DECLARATION

I DECLARE THAT

1. I have read the bye-laws/rules of the Society and shall abide with them. I shall also be abiding with the future amendments carried from time to time thereto.
2. I shall liquidate all liabilities against me with the Society before termination of membership of the Society as laid down in bye-laws.
3. I hereby authorize my Employer as well as Trustee of Provident Fund to make good all liabilities arisen against me during my lifetime. I agree and undertake to deposit **Rs 1000/- (towards FGDS Rs 800/- & Death compensation fund Rs 200/-)** per month towards the FGDS+DCF scheme and hereby authorize the society to recover the same from my monthly salary through my employer, the State Bank of India shall be authorised to deduct from my monthly salary payable by them, an amount as advised by the society from time to time and pay the amount so deducted to the society towards outstanding dues against me without my prior consent.

Witness :

Signature

Name

Mem. No. / PF No.

Signature of Applicant

NOMINATION

1. Full Name of Nominee :
2. Age of Nominee :
3. Sex of Nominee : Male Female
4. Relationship With Nominee :

Signature of Applicant

FOR OFFICE USE ONLY

Kum/Smt/Shri admitted as member of the

Society on Recovery to be commence from the month of

Membership No.

Bhopal,

Dated

CLERK

MANAGER

PRESIDENT

The AGM HRMS
State Bank of India
Local Head Office
Bhopal



Branch Code
MEMBERSHIP No.
PF INDEX

State Bank of India (Bhopal Circle)
Adhikari Sahakari Sakh Samiti Maryadit, Bhopal
(A Multi State Cooperative Society Regd.No.MSCS/CR/132/2001)

Dear Sir,

F.G.D.S. & DCF SCHEME
(IRREVOCABLE LETTER OF AUTHORITY)

I PF No.have applied for admission as member to S.B.I (Bhopal Circle) Adhikari Sahakari Sakh Samiti Maryadit, Bhopal. I hereby authorize you to deduct from my salary a sum of Rs 1000/- (Rs One thousand only) towards contribution of **(F.G.D.S. Rs 800/- & Death Compensation Fund Rs 200/-)** every month commencing from the month of Kindly deduct through H.R.M.S. & credit / the same to Society's Current A/c 31513814962 maintained at Udayachal Branch Bhopal (Branch code-07932)

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

Thanking you
Yours faithfully

Signature of Member

Full Name
Father/Husband Name
Designation
Branch
Dist.....

Copy to :

1. The Branch Manager, State Bank of India,
2. Smt./Shri, SBI,

Note :- Deduction Through **HRMS** Please Mention Society **C/A No. 31513814962**
HRMS DEDUCTION PATH DETAILS

OPEN HRMS PORTAL---Click **Employee Benefits**----Click **Salary Data Correction**----Click **Monthly Deduction (Third Party)**----Choose the option **Create** ---- Search **PF Index No**-----**Deduction detail** • Deduction Type :-**1003-credit Society** • Deduction Sub Type :-**1633 E Credit Society Other/FGDS** •Payee Detail--- Pay key **0-C1007** •Payment To-Society A/c no-**31513814962** • **(GO)** for Approval to Branch Manager