

**APPLICATION FORM FOR ALLOTMENT OF ACCOMMODATION  
AT 'VIJAYA THARAK BHAVAN', VIJAYAWADA**

Date : \_\_\_\_\_

To

The President,  
State Bank of India Staff Mutually  
Aided Co-operative Credit Society Ltd.,  
C/o. SBI Buildings Upstairs,  
**VIJAYAWADA – 520 001.**

**PHONE / FAX No: 0866 – 2425026**

Dear Sir,

1. I shall be glad if you please allot me Super Deluxe A.C. / Non-A.C.; Family Suit A.C./ Non-A.C. at '**Vijaya Tharak Bhavan**' situated at **Vijayawada** for a period of \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_. The rules have been read by me. I shall abide by the rules and declare that I shall pay all dues payable by me. A crossed Demand Draft No. \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_ favouring "**VIJAYA THARAK BHAVAN**" drawn on **Vijayawada** / receipt of rental credit to the **Account No. 34345595221** is enclosed towards advance payment of rent.

2. The accommodation is meant for the use of member / non-member.

3. Details of family members who will accompany me are furnished hereunder:

<b>Sl.No.</b>	<b>Name</b>	<b>Relationship</b>	<b>Age</b>
1			
2			
3			
4			
5			

Encl: as above.

Signature of the Applicant

Name :  
Designation :  
Branch :  
Mobile :  
Fax No. :

Copy to : **DGS, SBISUHC, Vijayawada Module (Fax No. 0866-2471990)**