

**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:

Sl.No.	Name	Relationship	Age
1			
2			
3			
4			
5			

Encl: as above.

Signature of the Applicant

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