

## APPLICATION FOR MEMBERSHIP

SHARE CAPITAL AMOUNT - 1000  
FAMILY GRATUITY DEPOSIT AMOUNT - 1000  
DEATH COMPENSATION AMOUNT - 500  
ADMISSION FEES - 100  
PLEASE DEPOSIT FOR DD & CHEQUE -2600  
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: 0732, 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, Hoshagabad Road Bhopal -462011  
Phone No. : 0755-2554835  
Email: [sbiasssbpl@gmail.com](mailto:sbiasssbpl@gmail.com), website: [www.sbiasssbhopal.in](http://www.sbiasssbhopal.in)

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

MEM.No.....

Sir / Madam

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 100/- 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)

Provident Fund Index No .....  
Applicant's Name .....  
Father's / Husband Name .....  
Date of Birth .....

(a) Sex (Tick only one) : Male ( ) Female ( )  
(b) Marital Status : Married ( ) Unmarried ( )

Residential Address .....

Permanent Home Address .....

Mobile No .....  
Salary A/c No. (Encl.salary slip) .....  
Aadhaar Card No. (Encl. copy) .....  
Email Address .....

### SERVICE INFORMATION

Present Posting .....Branch Code.....  
Designation ..... Date of Joining.....  
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 1500/- (towards FGDS Rs 1000/- & Death compensation fund Rs 500/-) 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 .....

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/Madam,

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

I.....PF.No.....have applied or admission as member to S.B.I (Bhopal Circle) Adhikari sahakari sakh samiti maryadit, Bhopal.I hereby authorize you to deduct from my a sum of Rs 1500/- (Rs one thousand five hundred only) towards contribution of **(F.G.D.S. Rs 1000/- & Death Compensation Fund Rs 500/-)** 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 PORTAL .... Click Employee .... Click Salary Data Correction.....click Monthly Deduction (Third Party).....Choose the option Create..... search PF Index No.....Deduction Type:- credit society . Deduction Sub Type: - 1633 E Credit society Other /FGDS. Payee Detail....pay key 0-1007. Payment to – Society A/c no- 31513814962. (GO) for Approval to Branch Manager

