



ALL INDIA PUNJAB NATIONAL BANK OFFICERS' ASSOCIATION

Central Office :

Punjab National Bank,
Shivaji Park, Gopi Tank Road,
Mahim (west), Mumbai - 400 016.

(Registered Under Indian Trade Union's Act of 1926)
(Affiliated to AIBOC)

Phone : (M) +91-9820300338

Fax : +91-22-24469182

e-mail : aipnboa@yahoo.com

Website : www.aipnboa.in

MEMBERSHIP ENROLLMENT FORM

The General Secretary

All India Punjab National Bank Officers' Association

Flat No.306, Kirti Mahal

19, Rajendra Place, New Delhi – 110 008

Dear Sir,

Please enroll me as a member of the All India Punjab National Bank Officers' Association. I will do my utmost to further the success of the Association and agree to abide by the rules, Bye-Laws and the Constitution of the Association at all times during my membership.

I enclose herewith draft / cheque for Rs.10/- as admission fee and a copy of authority letter of monthly deduction of Rs.150/- from my salary w.e.f. _____

Full Name (Block Letters) _____ Designation: _____

Branch / Office: _____ D. No. _____ PF No. _____, Date of Birth: ___ / ___ / _____

Mobile No: _____, e-mail ID: _____ Blood Group: _____

Residential Address _____

Yours faithfully,

Date: _____

Encl: As Above

(Signature)

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The Manager
Punjab National Bank

Date: _____

Dear Sir,

Please deduct from my salary every month a sum of Rs.150/- (Rupees One Hundred Fifty Only) commencing from _____ being my subscription of Officers' Association and remit the amount to B.O.: _____ for Credit of S.F. A/c No _____ in the name of AIPNBOA.

Yours faithfully,

(Signature)

Full Name (Block Letters) _____ Designation _____

Branch / Office _____ D. No. _____ PF No. _____, Date of Birth: ___ / ___ / _____

Mobile No: _____, e-mail ID: _____ Blood Group: _____

✓ **Copy to: The Circle Secretary / President, AIPNBOA, _____ Circle.**

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The Manager
Punjab National Bank

Date: _____

Dear Sir,

Please deduct from my salary every month a sum of Rs.150/- (Rupees One Hundred Fifty Only) commencing from _____ being my subscription of Officers' Association and remit the amount to B.O.: _____ for Credit of S.F. A/c No _____ in the name of AIPNBOA.

Yours faithfully,

(Signature)

Name: _____

Designation: _____

PF No: _____ Br/Office _____