



Association of Retired IOB's Employees

Regd. Office : No.6/4, III Lane,
1st Floor, M.K. Amman Koil Street, Mylapore, Chennai - 600 004
☎ Cell : 99413 04028 Email : ksrseetha@yahoo.co.in, thyags_2000@yahoo.com

No.

Place :

Date :

To
THE GENERAL SECRETARY
ASSOCIATION OF RETIRED IOB'S EMPLOYEES [ARISE]
CHENNAI.

Dear Sir,

I request you to enroll me as member of the Association and I remit herewith the admission fee of Rs.500/- (DD / Cheque No. _____ dt _____ drawn on _____ in favour of ARISE).

I have read the Constitution and Rules of the Association and I will abide by them as amended from time to time.

FULL NAME (in block letters) :

PF OPTEE or PENSIONER :

IF PENSIONER, PPO No. :

 Roll No. :
(While in service)

ADDRESS :

Door No. _____ Street _____

Place _____ Dist. _____

State _____ PIN _____

TELEPHONE / MOBILE No. :

 NAME OF THE LAST
BRANCH / OFFICE WORKED :

DATE OF JOINING THE BANK :

DATE OF RETIREMENT :

RETIRED AS :

Officer - Grade I / II / III / IV / V / VI / VII

Clerk / Messenger / Sweeper

TYPE OF RETIREMENT :

Superannuation / Normal VRS / VRS 2000 / Others

(Tick the alternative as applicable)

DATE OF BIRTH :

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Place of Domicile _____

(Date) (Month) (Year)

QUALIFICATION :

MARITAL STATUS :

Married / Bachelor / Spinster

If married, Number of children

PRESENT OCCUPATION :

Profession / Business

Any other relevant data :

1. Service

2. Personal

3. e.mail_ID

Yours comradely,

Admitted on :

GENERAL SECRETARY / PRESIDENT