



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 E-mail : ksrseetha1945@yahoo.co.in, thyags_2000@yahoo.com

Regn.No.SL.No. 243/2003

No.

Place :

Date :

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

MALE / FEMALE

Dear Sir

I request you to enroll me as a member of the Association.

I am enclosing a DD/Ch No. _____ dt. _____ Drown on _____ to
from of ARISE for Rs.1100/- towards admission plus annual subcription / Rs.6000/- towards Life
membership.

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. :

DATE OF JOINING THE BANK :

DATE OF RETIREMENT :

P.T.O.

NAME OF THE LAST
BRANCH / OFFICE WORKED :

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

RETIRED AS :

Clerk / Messenger / Sweeper

TYPE OF RETIREMENT :
(Tick the alternative as applicable)

Superannuation / Normal VRS / VRS 2000 / Others

DATE OF BIRTH :

--	--	--

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