

The Dy. General Manager & CDO
State Bank of India
Local Head Office
Ahmedabad, Bangalore, Bhopal, Chandigarh,
Amravati, Jaipur, Thiruvanthapuram

CDO/PPG/CPM/18-19/567

16th March, 2019

Madam / Dear Sir,

ISSUANCE OF IDENTITY CARDS TO THE RETIREES OF E-ASSOCIATE BANKS

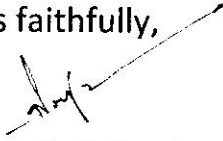
We have been receiving regular requests from retirees of erstwhile Associate Banks for issuance of identity cards bearing name of State Bank of India, as after merger they are facing problems with the Identity card issued by erstwhile Associate Banks. The Identity Card is required by the retirees as an introductory reference, booking holiday home, obtaining medicines from Banks dispensaries and also dealing at the Branches.

02. Considering the problem faced by these retirees, we have obtained approval from the appropriate authority for issuing fresh Identity Cards in exchange of the existing Identity Card to all the retirees of erstwhile Associate Banks.

03. We are attaching Application Form for Identity Card and the format of the Identity Card to be issued to the erstwhile Associate Bank retirees.

04. Please, therefore, advise Branches/offices to issue fresh Identity Cards as per the format enclosed on receipt of application.

Yours faithfully,



(Somnath Adhya)
For Chief General Manager(HR)
(022-22741611)

Encl: As above

The Branch Manager /
AGM / CM, Office Administration Department,
State Bank of India,
_____ Branch / Office

Date:

Dear Sir,

RETIREE'S IDENTITY CARD

I request you to kindly arrange to issue me a Retiree's Identity Card, as I am a retiree of erstwhile _____ . My Bio-data is furnished below. I am surrendering my I Card issued by erstwhile Associate Bank from where I have retired and am also enclosing one passport sized photograph of myself.

1. NAME : _____
2. Retired from e-AB – Name of the Bank : _____
2. DESIGNATION (at the time of retirement) : _____
3. P.F. INDEX NO. : _____
4. DATE OF BIRTH : _____
5. DATE OF RETIREMENT : _____
6. BLOOD GROUP : _____
7. POST RETIREMENT ADDRESS : _____

8. TELEPHONE NO. (at the above address) : _____
9. PENSION DRAWING BRANCH : _____
10. PENSION ACCOUNT NUMBER : _____

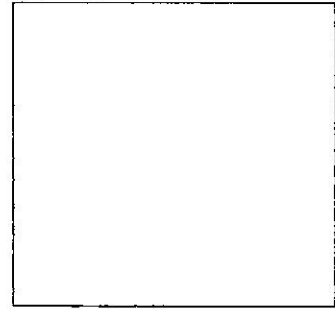
Yours faithfully,

(Signature of Retiree)

RETIRED EMPLOYEE'S IDENTITY CARD

NAME :
RETIRED FROM E-AB :
(Name of the Associate Bank)

DESIGNATION :
P.F. INDEX NO. :
DATE OF BIRTH :
DATE OF RETIREMENT :
BLOOD GROUP :
POST RETIREMENT ADDRESS :



PHONE NUMBER :
PENSION DRAWING BRANCH :
PENSION ACCOUNT NUMBER :
SIGNATURE OF THE PENSIONER :