

APPLICATION FOR ALLOTMENT OF ROOMS IN THE HOLIDAY HOME AT

Name : _____

Designation : _____

Branch : _____

Zone : _____

Date : _____

To

The Zonal Manager,
----- Zone,
Personnel Department.

Dear Sir,

I, _____ request you to allot me _____ room / s in the Bank's Holiday Home at _____ for _____ days from _____ to _____.

The following members of my family will also accompany me :

Name of Person accompanying	Relationship	Age
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1.

2.

3.

4. I hereby irrevocably authorise you to recover upon allotment, a sum of Rs. _____ by debiting to my SB / **OD** / **Salary A/c No.** _____ **with** _____ **Branch**.

5. In case of any damage / loss / breakage to the property, which is attributable to me, I hereby irrevocably authorise you to recover the appropriate amount as may be determined by the Competent Authority, by debiting my above mentioned account.

6. I am bound by the rules and regulations (of the Bank / the Hotelier / Owner of premises) in this regard and I am aware that no refund of rent will be made, in case I do not avail the facility of Holiday Home or I cancel the booking made.

Yours faithfully,

(Signature)

Note : (1) 'Family' for this purpose means and includes spouse of the employee, children, parents, brothers and sisters who are dependents and normally residing with the Staff member.

BANK OF INDIA BRANCH

OVER TIME BILL FOR THE MONTH OF 20.....

NAME OF THE EMPLOYEE MB / MBS
DESIGNATION

TOTAL

85

PLACE :
DATE :

.....
SIGNATURE

Weekdays Saturdays Sundays

Clerks	Week Days	Saturdays	Holidays
1st Two Quarter Hours of O.T. Work	@100	@100	@200
Next 4 Quarter	@170	@70	@200
Next 4 Quarter	@200	@70	@200
Rest of OT Work	@200	@200	@200
Substaff			
1st Four Quarter Hours of O.T. Work	@150	@150	@200
Next 4 Quarter	@200	@170	@200
Rest of OT Work	@200	@200	@200

* Every month shall be deemed to consist of 150 Working hours so that monthly emoluments payable per hour will be deemed to be 150th of monthly emoluments, for all Workmen.

**The Zonal Manager,
Bank of India**

Zone.

Dear Sir,

RE : APPLICATION FOR INTRA-ZONE TRANSFER

I request you to transfer my services as per my option given below. I also give my service particulars.

1. Name (Surname first) : Kum./Smt./Shri _____
2. Present Branch : _____ Code No. _____
3. Designation : _____
4. Special Allowance : Rs. _____ Nature _____
Since _____
5. Date of Birth : _____
6. Date of Joining : _____ as _____
7. Date of Promotion : _____ to _____
8. In the present Branch since : _____
9. Previous Transfers :

From	To	Reasons	Date of relieving/refusal
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- 1.
- 2.
- 3.

10. a) Transfer requested for (in order of preference) : 1. _____ Branch/Centre
2. _____ Branch/Centre
3. _____ Branch/Centre

11. Reasons for Request : (Tick appropriate option)

- a) Native Place ()
- b) Sickness of employee herself / himself ()
- c) Sickness of Spouse/Children/Dependent ()

Name : Smt./Shri _____

Present Posting _____

Designation _____

- d) Any other reason
(Please specify) : _____

(The latest medical reports/relevant certificates should be attached)

12. Particulars of disciplinary

Action, if any : _____

13. Leave Record : Regular / Irregular

I am willing to forgo Special Allowance, presently being drawn by me and also accept the change in my designation, if any, if my request is acceded to. I confirm that particulars given above are correct. I also note that I will be debarred from applying for transfer for one year, if I refuse any transfer considered on the basis of this request.

Yours faithfully,

Place :

Date : (Signature of the applicant)

FOR OFFICE USE ONLY

Branch Profile : Category : Rural / Su / U / Metro
: Size : SB / MB / LB / VLB / ELB

Staff Strength : Officers Spl. Asst. Clerks Sub-Staff

Sanctioned

Actual

Comments on the applicant's
Work :
Conduct :
Attendance :
Leave Record :

Particulars of disciplinary action taken, if any :

No disciplinary action is contemplated/pending against the employee.
(if otherwise, please give details)

Particulars given in Item No. 1 to 13 in the application are verified from the Bank's record and found correct.

Specific Recommendation :

M A N A G E R

_____ Branch
Sign Code No.

BANK OF INDIA
----- **BRANCH**

PROGRESS REPORT FOR THE MONTH ENDED _____

(For Clerks /Sepoys/Safai karmachari etc.)

I.GENERAL

i) Full Name :
ii) Date of Birth :
iii) Qualifications :
v) Mother tongue :
vi) Date of Commencement of probation:
vii) Training Programme attended, if any : _____

II. NATURE OF DUTIES PERFORMED

Period	Section / Department where worked	Short Description of duties performed

Details of Leave availed

Date of Leave

Casual Leave : _____

Sick Leave : _____

Any other leave : _____

Contd...p/2

-: 2 :-

III. APPRAISAL AND REPORT

- a) Bearing & Address :
- b) Attendance & Punctuality :
- c) Attitude towards superiors :
- d) Attitude towards colleagues :
- e) Quality of work (Accuracy, correctness, dependability etc.) :
- f) Speed in work :
- g) Physical capacity and energy :
- h) Initiative Application etc. :

NOTE : The grading for each should be considered to cover the following) :-

- i) Excellent (ii) Very Good (iii) Good (iv) Fair
- v) Unsatisfactory

The overall assessment of the standard attained by probationer should be given below under General Remarks

IV. GENERAL REMARKS

(To embody overall assessment as to whether or not the probationer is likely to make the grade)

Reporting Authority

----- BRANCH

REVIEW

(Please indicate whether or not there is agreement with the report, if not state reasons. Where the probationer is not likely to attain the grade, please indicate whether appropriate warning has been given or not.)

Signature
(Reviewing Authority)

**APPLICATION FOR INTER ZONE TRANSFER FOR AWARD STAFF
IN TERMS OF BRANCH CIRCULAR 91/59 DT. 02.07.1997**

REQUEST FOR TRANSFER FROM _____ ZONE TO _____ ZONE

1. FULL NAME :SHRI/SMT./KUM.
& RESIDENTIAL ADDRESS _____ (SURNAME) (FIRST NAME) (MIDDLE NAME)

2. DESIGNATION : _____

3. WHETHER DRAWING SPECIAL ALLOWANCE: YES / NO

4. PRESENT POSTING : BRANCH : _____ CCA / NON-CCA CENTRE / LOWER CCA CENTRE

5. DATE OF BIRTH : _____

6. DATE OF JOINING : _____
(Note : Minimum 3 years of service in the Bank to be eligible to apply for request transfer)

7. DATE OF JOINING : _____
(of Bank of Karad Ltd. / Parur Central Co-op. Bank) (Merger date 01.01.1996 / 20.04.1990)

8. DATE OF PROMOTION TO CLERICAL CADRE : _____

9. WHETHER EX-SERVICEMEN RE-EMPLOYED IN THE BANK : YES / NO
(If yes, no. of years of service in Armed Forces)

10. WHETHER PHYSICALLY HANDICAPPED : YES / NO

11. DETAILS OF INTER-ZONE REQUEST TRANSFER/S AVAILED EARLIER :

Sr. No.	From		To		Duration & Reasons
	Branch	Zone	Branch	Zone	

12. CENTRE FOR WHICH TRANSFER REQUESTED :

Preference	Centre		Zone
	District	City	
Preference 1			
Preference 2			
Preference 3			
Preference 4	Request may be considered for any Centre in the Zone		YES / NO

13. REASONS FOR WHICH TRANSFER REQUESTED : (TICK THE APPROPRIATE REASON)

- (i) MARRIAGE GROUNDS * : DATE OF MARRIAGE : _____
- (ii) SICKNESS OF SELF * (Please specify the nature of illness in brief) _____
- (iii) SICKNESS OF SPOUSE/CHILDREN/DEPENDENT * _____
- (iv) TRANSFER OF SPOUSE (Whether spouse working in our Bank) _____
(If spouse working in our Bank, please mention his/her place of posting)
- (v) PHYSICALLY HANDICAPPED * _____
(If so, whether drawing allowance & percentage of disability)
- (vi) NATIVE PLACE : _____

(vii) ANY OTHER REASON : (Please specify) _____

(* Please note to submit the relevant certificates in support of your request)

:: 2 ::

I undertake to forgo Special Allowance presently being drawn by me, and also accept the change of my designation, if any, if my request is acceded to. I confirm that I will be entitled to apply for transfer in terms of Branch Circular No. 91/59 dated 02.07.1997. I also confirm that the particulars given above are true to the best of my knowledge and belief and note that Bank will be at liberty to take appropriate action against me if any statement mentioned above is proved to be wrong. I am aware that if I refuse the transfer, I will not be eligible to request for transfer for a period of 3 years.

Place : _____
(Signature)

Date :

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BRANCH MANAGER'S COMMENTS / RECOMMENDATIONS :

BRANCH PROFILE : CATEGORY: _____ SIZE : _____

STAFF STRENGTH : CLERICAL : SANCTIONED _____ ACTUAL _____
(AS ON _____)

RECOMMENDATIONS FOR APPLICANT :

(Please give your recommendations with special reference to work, conduct, attendance etc.)

PARTICULARS OF DISCIPLINARY ACTION :

WE CERTIFY THAT PARTICULARS GIVEN IN THE APPLICATION ARE VERIFIED FROM THE BANK'S RECORD AND FOUND CORRECT.

BRANCH : _____
SIGN. CODE : _____

ZONAL MANAGER'S RECOMMENDATIONS :

SUBSTITUTE REQUIRED / NOT REQUIRED : YES / NO

ANY OTHER RECOMMENDATIONS :

BANK OF INDIA

Branch / Office

APPLICATION FOR CLAIMING REIMBURSEMENT OF HOSPITALISATION EXPENSES

NAME : _____

DESIGNATION : _____

DATE OF JOINING : _____

SAVINGS BANK A/C NO : _____ WITH _____ BRANCH

Dear Sir,

Reimbursement of Hospitalisation Expenses for Self / Family

I have incurred medical expenses amounting to Rs. _____ towards Hospitalisation of myself / my _____ Shri/Smt./Kum _____
(Relationship) (Name)

aged _____ years, who is wholly dependent on me. I declare that his / her monthly income from all sources either individually or collectively does not exceed Rs.3500/- per month.

I/My _____ had been suffering from _____
(Relationship) (Nature of illness)

and was hospitalised for _____ days

from _____ to _____ in _____ Hospital;
from _____ to _____ in _____ Hospital.

Further details are given below / enclosed :

- a) Operation, if any, undergone YES / NO
- b) Nature of Operation SPECIAL / MAJOR / MINOR
- c) Relative prescriptions, cash memos, bills / money receipts, discharge certificate, reports from the Doctor / Hospital are enclosed.

I request you to reimburse me the eligible expenses under the Hospitalisation Scheme.

Thanking you,

Yours faithfully,

Place :

S I G N A T U R E

Date :

FOR AWARD STAFF

1) As per Bipartite Settlement for self /
dependent family members

(As per Schedule of Charges)
(Annexure I & II)

FOR OFFICER'S FAMILY

2) Ex-Gratia Medical Aid to Officers for
dependent family members

To be filled in by applicant only				For Office use	
Sr. No.	Particulars	Amount Incurred	-100% for self -75% in case of Officer's family -75% in case of Award Staff for FAMILY of the amount incurred	Maximum Limit (Rs.)	Amt. Sanc. Lower of Col. 3 & 4 (Rs.)
1	2	3	4	5	
1	Hospital Regn. Fee				
2	Surcharge on Hospital Bill				
3	Bed Charges				
4	ICU / ICCU Charges				
5	Operation Theatre Charges				
6	Anaesthetist's Charges				
7	Surgeon's Fees (Incl. Assts.)				
8	Doctor's Consultation Fees : At Hospital : 1 st Subsequent Visiting fees at Residence : 1 st Subsequent				
*	9 Medicines / Oxygen				
*	10 Pathology Tests etc. Investigations				
*	11 X-Rays				
*	12 ECGs etc.				
*	13 Ambulance Charges				
	14 DIALYSIS				
	15 Disallowing Expenses				
	T O T A L				

(1)Registration		(2)Bed Charges/ICCU		(3)Surgeon's Fees	
Amount of Bill	Amount Eligible	Amount of Bill	Amount Eligible	Amount of Bill	Amount Eligible
(4)O. T. Charges		(5)Anaesthetist's Charges		(6)Consultation	
Amount of Bill	Amount Eligible	Amount of Bill	Amount Eligible	Amount of Bill	Amount Eligible
(7)X-Ray/ECG/CT Scan		(8)Ambulance		(9)Implanted Items	
Amount of Bill	Amount Eligible	Amount of Bill	Amount Eligible	Amount of Bill	Amount Eligible
(10)Disallowed Expenses					
Amount of Bill	Amount Eligible				

Medical Aid to <u>AWARD STAFF</u> under Hospitalisation Scheme/ Ex-Gratia Medical Aid Scheme For SELF/Dependent Family Members		Ex-Gratia Medical Aid to <u>OFFICERS</u> for Dependent Family Members	
Shri _____	Nature of ailment _____		
Staff _____ D.O.J. _____	Hospitalisation at _____		
BRANCH _____ ZONE _____	From _____ To _____		
IF FOR FAMILY, Relation _____	Total Days _____		
Head of Expenditure	Amount of Bill (Rs.)		Amount Eligible (Rs.)
i) Bed/ICU/ICCU Charges			
Hospital Registration/Surcharge			
ii) Operation Charges/Surgeon's Fees including Assistant's Charges			
iii) Operation Theatre Charges			
iv) Anaesthesia Charges			
v) Consultation / Visit Charges			
vi) Pathology (Lab Test)			
vii) X-Ray / Ultra Sonography / E.C.G. C.T.Scan / Biopsy / Chemotherapy			
viii) Medicines			
ix) Special Nursing Charges			
x) Ambulance Charges			
xi) Disallowed Charges			
T O T A L :			
ENTITLEMENT : 100% for self and 75% for Dependent Family Member, Subject to tariffs(Schedule of charges) laid down by I.B.A.		Say Rs. _____	
<u>ZONAL MANAGER'S RECOMMENDATIONS:</u>			
(i) The Zonal Manager has recommended reimbursement of		: Rs. _____	
(ii) AMOUNT OF MEDICAL AID SANCTIONED DURING CURRENT YEAR: Rs. _____			
ADD (i) + (ii)		: Rs. _____	
TOTAL		: Rs. _____	
Bank's Doctor has certified that the bills/receipts are in order and the charges are reasonable. Bills are scrutinised and found to be in order			

SUBMITTED FOR SANCTION OF RS. _____ TO SHRI/SMT. _____
under Hospitalisation / Ex-Gratia Medical Aid Scheme please.

Date :

ZONAL MANAGER

ANNEXURE - A

FORMAT FOR APPLICATION

Requesting for Admission to

To
The Zonal Manager,

Zone,

(Through the Zonal manager, _____ Zone.)

Dear Sir,

**Request for admission for myself/
my dependant family member to**

captioned myself/my _____ I request you to kindly issue an Authority Letter, addressed to the hospital, for admission of Shri/Smt. _____ (who is dependant on me) for treatment of _____ The Doctor's certificate, advising him/her to go for the treatment is enclosed.

02. Kindly recommend admission to _____ Class in the captioned hospital. I undertake to repay the expenses over and above my entitlement, immediately on demand by the Bank. The same may be debited to my SB / OD Account No. _____ with _____ Branch, in which I declare to keep the amount required to be paid by me.

Yours faithfully,

Encl: as above.

S I G N A T U R E

Name(In Full) of the Staff Member :

P.F. No. :

Category/Designation :

Branch/Office :