

STATE BANK OF INDIA
PERIODIC HEALTH CHECK UP SCHEME
APPLICATION FORM

Date: ___/___/___

To,
The Assistant General Manager (HR)
State Bank of India
Local Head Office,
Bhubaneswar

Dear Sir,

PERIODIC HEALTH CHECK-UP SCHEME

I intend to go for my health check-up under the Periodic Health Check-up Scheme at _____ Hospital, Bhubaneswar, which is an empanelled hospital for our Bank. The necessary approval may please be accorded for the same.

I declare that, I have not availed the facility during the last two financial year.

Yours faithfully,

(Signature)

Name: _____

Designation: _____

PF No: _____ D.O.Birth: _____

Branch/Office: _____ (Code: _____)

Phone No: _____

FOR OFFICE USE

We recommend that the request of Shri/Ms./Mrs. _____ may kindly be acceded.

Branch Head/Departmental Head

Branch/Office: _____