

**APPLICATION FOR ALLOTMENT OF ROOMS IN THE HOLIDAY HOME AT**

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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 |
|-----------------------------|---|-----|
| 1.                          |   |     |
| 2.                          |   |     |
| 3.                          |   |     |
| 4.                          | I hereby irrevocably authorise you to recover upon allotment, a sum of Rs. _____ by debiting to my SB / <b>OD / Salary A/c No.</b> _____ <b>with</b> _____ <b>Branch.</b>   |     |
| 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.



**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
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 form 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)

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**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

**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. :

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**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)

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Reporting Authority

----- BRANCH

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**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.)

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**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) PHUSICALLY 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 :

**FOR OFFICE USE ONLY**

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 : \_\_\_\_\_

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**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**FOR OFFICER'S FAMILY**2) Ex-Gratia Medical Aid to Officers for  
dependent family members(As per Schedule of Charges)  
(Annexure I & II)

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 <sup>st</sup>  Subsequent  Visiting fees at  Residence : 1 <sup>st</sup>  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				



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

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
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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/CCU 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								
	<b>TOTAL :</b>								

<b>ENTITLEMENT :</b> 100% for self and 75% for Dependent Family Member, Subject to tariffs(Schedule of charges) laid down by I.B.A.	Say Rs. _____
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**ZONAL MANAGER'S RECOMMENDATIONS:**

(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**

**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**

\_\_\_\_\_

I request you to kindly issue an Authority Letter, addressed to the  
captioned hospital, for admission of  
myself/my \_\_\_\_\_  
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,  
immediatly 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 :