ALL INDIA BANK OF BARODA OFFICERS' UNION

(Affiliated to A.I.B.O.A.)
REGD.: RTU/15/98
E MAIL: aibobou.aiboa@gmail.com
Mob: +91 7204785860

APPLICATION FOR MEMBERSHIP

Personal Details: (Include name as used by your employer on your pay slip)	**Employment Details: (Do not use abbrevations)**
Surname:_____**Name**_____	**BANK OF BARODA**
Home/Contact Address:-	**Department/Section/Br.** _____
L1:_____ **L2**_____ **L3**_____ **L4**_____ **PIN CODE**_____	**E.C. No.**_____ **WorkPlace:-** **L1:**_____ **L2**_____ **L3**_____ **L4**_____ **Scale:**_____
Date of Birth	**Gender: Male/Female**
Daytime Phone no_____ **Mobile no.**_____ **Email:**_____	

Union Membership History

Are you or have you been a member of another trade union.

Yes/No.
If Yes, give details including when and why you left:_____
_____

I hereby apply for the membership of the All India Bank of Baroda Officers' Union , which is affiliated to A.I.B.O.A. I undertake to abide by the union rules and decisions taken in accordance with these rules. I Confirm that the information provided above is correct to the best of my knowledge. I acknowledge that my entitlement to assistance from the Union arises only from the date of joining the Union and only in respect of issues arising on, or after that date.

Signed_____**Date:**_____

PLEASE CHECK THAT YOU HAVE FULLY COMPLETED AND SIGNED THIS FORM. THEN CONVERT INTO PDF, E MAIL ON aibobou.aiboa@gmail.com and also hard copy to ALL INDIA BANK OF BARODA OFFICERS' UNION, 45-D. Dhayanajagathi, Kalavacharia (Post), Rajanagram (Mandal) East Godavari Dist. Andhra Pradesh: 533294 BY SPEED POST.

AUTHORISATION FOR EMPLOYER TO DEDUCT UNIONS'S SUBSCRIPTION AIBOBOU

To:_____

Please deduct the AIBOBOU union subscription, at the rate determined from time to time which presently is Rs. 250/- p.m., in accordance with the rules of the Union, from my salary and to pay this amount to AIBOBOU in account no. 01150100033517. Please commence this deduction as soon as possible and continue it until further written or electronic notice either from me or AIBOBOU, as appropriate.

I further request you to reinstate the deduction of my union subscription to AIBOBOU following any period of career break or any other unpaid absence from work.

I also authorise you to provide to AIBOBOU for use by it in connection with my union membership, in paper or electronic format, details of these deductions together with updates of the personal and employment related data set our in the AIBOBOU membership application form.

SURNAME:_____FIRST NAME:_____
E.C. No._____Scale_____
Department/Section/Branch/Office_____
SIGNED:_____Date_____