



**ALL INDIA ALLAHABAD BANK PENSIONERS AND RETIREES  
ASSOCIATION**  
(AFFILIATED TO ALL INDIA BANK PENSIONERS AND RETIREES CONFEDERATION)  
**MEMBERSHIP FORM**

The General Secretary,  
ALL INDIA ALLAHABAD BANK PENSIONERS AND RETIREES ASSOCIATION,  
14 India Exchange Place,  
KOLKATA-700001.



Photograph

Dear Comrade,

Please enroll me as a member of ALL INDIA ALLAHABAD BANK PENSIONERS AND RETIREES ASSOCIATION (AIABPARA). The enrollment fee of Rs. 20/- (Rupees twenty only) is deposited herewith. I do hereby agree to abide by the Rules and Bye-laws of the Association.

Details of my Bio-data are furnished for your kind perusal and doing the needful.

Yours faithfully,

DATE:

PLACE:

(SIGNATURE)

**MEMBERSHIP-CUM-BIO-DATA**

Name in full (in block letters)	MR / MRS / MS
Address for communication with pin code	
E-mail address for communication	
Phone numbers (landline and/or mobile)	
Date of birth	
Professional qualification	
Date of appointment in the bank	
Date of retirement in the bank Please specify on Superannuation / VRS / Compulsory	
Bank provident fund number	
Designation/scale at the time of retirement	
Last branch/office posted at the time of retirement	
Pension payment branch & account number	
Name of the family pensioner (spouse)	
Date of birth of family pensioner	
Details of basic pension drawn/fitted	
Marriage anniversary date	
Family details (number of children and their status)	
Blood group of self and family members Including children	