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|  | STATE BANK OF INDIA OTHER BACKWARD CLASSES (OBCs) EMPLOYEES' WELFARE ASSOCIATION (CHANDIGARH CIRCLE) (Regd. No. 234 of 2015-16) C/o State Bank of India, Local Head Office, Sector-17 A, Chandigarh www.sbiobcchd.org |  |
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The Presiding Officer,
State Bank of India OBC Employees Welfare Association (Chandigarh Circle),
C/O State Bank of India, LHO CHANDIGARH, Sec 17-A Chandigarh - 160017.

Dear Sir,

NOMINATION PAPER

STATE BANK OF INDIA OBCs EMPLOYEES WELFARE ASSOCIATION- CHD. CIRCLE FOR THE PERIOD 2026-2029

I, the undersigned, _____ (Name of the candidate) hereby give my consent for the post of _____ Circle/ Zonal/ Regional (Delete whichever not applicable). We hereby declare that : (1) We are genuine and bonafied member of the Association. (2) To the best of our best knowledge and belief, we have not acted contrary/ detrimental to the interests of the Association. (3) Any false information furnished by us will disqualify my nomination. (4) We, the proposer/seconded have not proposed/seconded any other nomination for the same post beyond the number of posts notified by the Presiding officer.

Date:

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|------------------------|
| Photo of the candidate |
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(Signature of the candidate)

Name _____
P.F. NO. _____
Office _____
Contact No. _____
Email Address _____

We, the undersigned propose and second Sh. _____ for the post of _____ SBI OBC EWA, Chandigarh Circle (Regd. No. 234/2016)

Proposer

| Name | PF No. | Office/Branch | Region/Module | Contact No. | Signature |
|------|--------|---------------|---------------|-------------|-----------|
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Seconded

| Name | PF No. | Office/Branch | Region/Module | Contact No. | Signature |
|------|--------|---------------|---------------|-------------|-----------|
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The Presiding Officer,
State Bank of India OBC Employees Welfare Association (Chandigarh Circle),
C/O State Bank of India, LHO CHANDIGARH, Sec 17-A Chandigarh - 160017.

Dear Sir,

WITH DRAWAL SBI OBC EWA, CHANDIGARH CIRCLE (234/2016) TRIENNIAL GENERAL ELECTIONS 2026-2029

I, _____ hereby withdraw my candidature for the post of _____
_____ Circle/ Zonal/ Regional (Delete whichever is not applicable).

Date:

(Signature of the candidate)

Name _____
P.F. NO. _____
Office _____
Contact No. _____