## T.S.CENTRAL STATE LIBARARY, CHANDIGARH

## **Application for Membership**

(For bonafide residents of Chandigarh, Panchkula and Mohali) (Please Fill in Block Letters)

Name: Mr/Ms.
Sex: Male/Female
Father's/Husband's Name: Mr.
Year of Birth
To be filled in by student only
Roll No. Class
Name of the Institute
Tel. No.
Sector / Village / Village
To be filled by non-student only
Occupation/Designation:
Organisation/Deptt. Name:
Sector / Village
Tel. No. (Office)
Residential Address
House No.
Sector / Village / I   I   I   I   I   I   I   I   I   I
Tel. No
Date

Certified that he/she is: 1. A temporary/permanent Govt employees		
2. A bonafide student of this School/College		
	Signature and Seal of the Head (Name in Block letters) Tel. No	
1. Persons not employed/Pensioners working in private organisations have posted in Chandigarh/Mohali/Panchkula.	e to get their form attested by a Gazetted Officer	
2. School/College students must get their form attested by Headmaster or	Principal.	
3. Full name of the attesting authority should be mentioned in block letters.		
4. Banks / Corporations / Boards / Autonomous Bodies will be considered in General Category.		
5. Proff of residential address to be attached.		
* Tick whichever is applicable		
For Office use only		
Membership No:		
Amount Recd: Rs Date		
Receipt No:		
Occupation: Organisation Code	State Code	
	Librarian C. S. Library, Chandigarh	
1. I make application for membership of the library. I shall abide by its rules	3.	
2. I hold myself responsible for the books issued on my membership card.		
3. I undertake to notify change of my official / residential address promptly	to the library.	
4. I shall surrender my membership card on my leaving Chandigarh.		
5.I have recieved my membership card.		
Date : /	Signature of the Applicant	

Recommendation