

**T.S.CENTRAL STATE LIBRARY SECTOR – 17 CHANDIGARH
APPLICATION OF MEMBERSHIP**

Name: Mr./Ms. : _____

Father's Name
/Husband's Name : _____

Gender : Male Female Trans.G

Date of Birth : ___ Day ___ Month ___ Year _____

Paste latest stamp
size photograph
here and attach
another one for the
membership card.

Residential Address : (Show Proof of Residence) :

Residential Address of Non-resident of Chandigarh/Mohali/Panchkula :

School/Institute/Office Address:

Landline/ Mobile No. _____ E.Mail: _____

SECURITY :

Life Time Membership for all members
Institutional Membership (Govt./Private)

Rs.500/-
Rs.2000/- & Rs.3000/-

DECLARATION :

1. I make application for membership of the library. I shall be abide by its rules and regulations.
2. I will be responsible for the books issued on my membership card.
3. I undertake to notify change of my official/residential address immediately to the library.
4. I undertake to report the loss of Membership card promptly to the library.
5. I will be responsible for the issue of articles on my card before the reporting of loss of Card.

Signature of the Applicant

FOR OFFICE USE ONLY:

Membership No. _____

Amount Received _____

Receipt No. _____

Date: _____

OFFICE INCHARGE