DIVISIONAL LIBRARY (SOUTH), SECTOR 34, CHANDIGARH chdstatelibrary34.gov.in





MEMBERSHIP FORM

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TO BE FILLED BY STUDENTS ONLY

NAME & ADDRESS OF THE					T						T				
INSTITUTE						<u> </u>	 				-	-			
SECTOR/VILLAGE		_		 	-					-		-		 	-
STATE/UT			<u> </u>	 			-	-	-	-		-			-
PHONE NUMBER	+			-					-			-	-		-

TO BE FILLED BY GOVERNMENT EMPLOYEE/OTHERS

ORGANISATION/DEPTARTMENT									
OCCUPATION/DESIGNATION									
ADDRESS									
PHONE NUMBER									

RESIDENTIAL ADDRESS (Photocopy of residence proof)

In case of children parents residence proof may be attached and in case of senior citizen, senior citizen card/ date of birth shall be attached.

HOUSE NUMBER										
SECTOR/VILLAGE										-
STATE/UT										
PIN CODE										

DATE:	SIGNATURE OF APPLICANT

<u>e-mail your latest passport size photo (size 20kb) along with member ID to : photos.member.dl@gmail.com</u>

LIBRARY SECURITY: (SECURITY WILL BE REFUNDED AFTER 01 MONTH)

 Resident of Tricity (Chandigarh, Panchkula & Mohali) Residents outside Tricity Admission Fee Member Card Fee Membership Form 	-Rs. 1000/- (refundable) -Rs. 2000/- (refundable) -Rs. 100/- (non-refundable) -Rs. 25/- (non-refundable) -Rs. 1/- (non-refundable)
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FOR OFFICE USE ONLY

Membership Number	
Amount Received in Rs.	
RRN Number	
Date	·
Remarks, if any	

Office In-charge/ Dealing Assistant

SECURITY REFUNDED TO MEMBER									
Security Amount Refunded									
Register Number									
Date									
Reason, if any									

Declaration:-

- 1. I have received my membership I-card.
- 2. I will be myself responsible for the books issued on my library membership I-card.
- 3. I understand to notify change in my official/residential address, mobile number, phone number and e-mail address promptly to the library.
- 4. I undertake to report the loss of my membership I-card promptly to the library.
- 5. I shall surrender my membership card on leaving the station.
- 6. I shall abide by the rules and regulations of the library.

For rules and other information please vis	it library website:	- www.chdstatelibrary34.gov.in
DATE:	SIGNATURTE OF AF	PLICANT