

KALIKA VACHAN MANDIR

GRAMIN VIKAS SHIKSHAN SAUNSTHA

Reg.No.31/GOA/91

Savarshe- Sattari-Goa.

To,

The Chairman

Kalika Vachan Mandir,

Savarshe, Sattari Goa.

Membership Application Form

Sir,

I desire to become a member of Lending Section of the Library

I have read the Rules and Regulations and agree to abide by them. I shall take proper care of the library books and undertake to replace any book/s lost or damaged by me. I shall notify to the library for change in my address.

Full name _____

(in block letters, beginning with surname)

Qualification _____

Permanent address _____

Present address _____

Age(for children only) _____

Profession/Designation _____

Two stamp size (3.5x2.5cms) latest photographs (can be optional) and required deposit under Rule 5.]

Name and address of educational institution/office/organisation (for student and working people only)

Nationality and passport No.

(For foreign national only)

Specimen Signature

Office Use

Regd.No.:

Date of Regd. :

Receipt No.:

Book No. :

Librarian