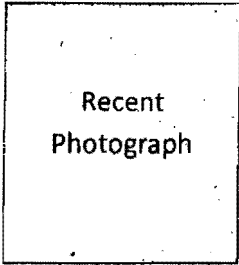


SECRETARIAT CENTRAL LIBRARY

Thiruvananthapuram

Library Membership form for Staff

(To be filled in Capital Letters)



Full Name.....

Designation.....Department.....

Date of Joining.....Date of Retirement.....

PEN Number.....

Permanent Address.....

Local Address.....

Mobile.....Phone (Office).....

Email ID.....

Area of Interest.....

I agree to abide by the rules and regulations of the Library.

Date.....

(Signature of the Applicant)

Certificate

Certified that Shri/Smt.....is the permanent employee ofDepartment and his/her application for membership is recommended.

Name of the Recommending Authority

Signature of the Recommending Authority

For Library Use only:

Admission No:

Admitted Date:

Senior Grade Librarian