



Opp. Collector's Office,
Near Jilla Udyog Bhavan, Bharuch.
Tele. No. :02642 244777

For Office Use	Category			

Application Form For Library Membership

Title : Mr Ms Dr Prof Any Other _____

Individual / Classic DVD / Family

Date of birth : DD / MM / YYYY M F

First Name : _____ Middle Name : _____

Last Name : _____

Residential Address : _____

City : _____

PIN : _____ Tel : _____ Mobile : _____ Email : _____

Profession : Student / Service / Business / Any Other _____ Designation: _____

Business Address : _____ Tel : _____

[For Student Only]

Name & Address Of Institution : _____ Class & Year : _____

Parent / Guardian's Name & Designation : _____

Office Address : _____ Tel : (Off) _____

*Introduced by (Name) : _____

Designation Office Address : _____

Signature : _____ Office Seal : _____

Tel : Off : _____ Resi : _____ Email : _____

* Please get introduction / Recommendation from either Senior Library Member , Family Doctor , Head of the Institute , Dept. Head , Local Professional , Gazzatted Officer or Principal

Please
Attach
Your
Photograph
Here

When the Information may be used

For The Other Purposes

The k. J. Library may also use your personal details to send you information on its activities. please tell us if you agree to this or not and also seek your feedback on its service.

I would like to get information

I do not want to get information

Please Bring
Two Stamp - Size
Photographs

We have read the rules of the library and i assure that my family Members will abide by them certify that books / video cassettes /Cds / dvds borrowed by us will not be copied and loaned to any other Party. I also understand that these video cassettes / cds / dvds are Meant only for home viewing.

Name : _____

Name : _____

Signature & Date : _____

Signature & Date : _____

Family Members In Case Of Family Membership