

Library Membership Form

Membership No.

I,.....apply for enrolment as a member of the Shri Krishna Institute of Public Administration, Library. I have read the rules and promise to abide by the Rules and Regulations.'

I also promise that any book which I shall borrow from the library will be borrowed for my personal study, will remain in my own custody and will not be made over to any one else.

I furnish below the required particulars about myself.



Signature of the Applicant
Date

Please tick the category:-

	AOP	Any Other Person		RP	Retired Person	Research Scholar	
	CG	Central Government In Service		SG	State Government In Service	Life Membership	Faculty Member
First name:							
Surname:							
Date of birth:							

Designation & Dept. address:			
Permanent address		Present address	
Address:			
Road number:			
City:			
State:			
ZIP/Postal code:			

Contact information:	Primary	Secondary
Mobile No.:		
Land line phone:		
email:		

Received Amount receipt Security deposit Rs..... and Annual fee Rs..... Total Rs.....vide receipt no.dated.....

Signature of the Applicant
Date