

MIZORAM STATE LIBRARY, AIZAWL

APPLICATION FOR MEMBERSHIP
(ADULT)

No. _____

Sir,

Kindly enroll me as a member of your Library. I promise to abide by all Library Rules. I will make good any loss or injury to books borrowed by me and I would be liable to pay any dues which I may owe.

Name (in full) : _____

Age : _____ Gender : _____

Designation : _____

Office Address : _____

Father's Name & Designation : _____

Present Address : H/No. : _____

Permanent Address : H/No. : _____

Phone No. : _____

Date of Admission _____

Signature of applicant

STATE LIBRARIAN
Mizoram State Library, Aizawl.

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