

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. : _____

P.T.O

Signature of applicant

Signature of the Guarantor :
Address with Office Seal.

(A guarantor must be a gazette Officer)

Date of Admission _____

*Please bring with you a passport size of your photo

STATE LIBRARIAN
Mizoram State Library, Aizawl.