

GOVERNMENT OF MEGHALAYA

LIBRARY SERVICE

Library Membership Form

Membership No.....

Date.....

I.....apply for enrolment as a member of the the
State Central, Library, Shillong for borrowing books. I am a permanent/temporary resident of.....
.....and am employed as.....

I, do hereby agree to abide by the Rules of Library which I have seen and furnished below the required particulars about myself.

I also agree to make good any loss or injury to books and other library properties incurred by me during the period of membership of your library.

Date

Signature of the applicant

Full Name.....

S/O, D/O.....

Local or present address.....

Profession.....

Age.....Cash Deposit Rs.....

Name of the College/School.....Class.....

Permanent or Home Address.....

Police Station.....Post Office.....

District.....Subdivision.....

Phone No.....

I stand surety for the applicant taking books from the Library.

Signature.....

Full/Name.....

Designation.....

Address.....

Age.....

Librarian Order.....

Signature.....

Librarian

