

KERALA LEGISLATURE LIBRARY, THIRUVANANTHAPURAM

Application for Membership
[Members of the Public (Graduates)]

Name
in English (capitals) :

in Malayalam :

Address for Communication :

Permanent Address
(with Village & Taluk) :

Mobile Number :

E-mail Address :

Educational Qualifications :

Occupation and Official Address, if any :

Aadhaar No./Voters ID/Driving License No.:

DECLARATION

I, desire to become a member of the Kerala Legislature Library and if admitted I shall abide by the rules and regulations of the Library in force from time to time. I shall be personally responsible for any loss sustained by the library due to my membership and make good any loss. I am a graduate of the University of.....

Place :

Date :

Signature of the Applicant

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1. Application must be accompanied by attested copies of identity card, degree certificate
 2. Applicant shall notify the library regarding the change of address if any, from time to time.

CERTIFICATE

Shri/Smt./Kumari.....residing in (Full residential address may be given) is known to me and I recommend him/her for membership in the Kerala Legislature Library. I am a Gazetted Officer in the service of the..... My date of retirement is

Place:

Date:

Signature.....

Name (in Capital).....

Designation

Official address, Phone No. and PEN

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Permanent Residential Address with Phone No.

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- Note 1. The officer who recommends the application is requested to affix the seal of his office where he works besides his signature
2. The recommending officer should have 3 more years for retirement.

(For Official use only)

Date & No. of remittance of deposit:

File No. Admitted on

Membership No.

Signature of Librarian