FORM 1

KERALA LEGISLATURE LIBRARY, THIRUVANANTHAPURAM

Application for Membership

(Ex-MLAs/MPs/Former Secretaries/Retired Officers and Staff, Legislature Secretariat)

Name in full (In Capitals) :

Designation and Address for Communication :

Permanent Home Address :

Telephone Number :

DECLARATION

I desire to become a member of the Kerala Legislature Library and I agree to abide by the Rules in force from time to time. I shall be personally responsible for any lose sustained by library due to my membership and shall make good any such loss. I shall intimate the library the change of my address, if any, from time to time.

Thiruvananthapuram,

Date : Signature of Applicant.

For Office use only

Date of remittance of deposit :

No. and date of receipt :

File No. :

Admitted on :

Membership No. :

Signature of Librarian

NB: Application must be submitted along with a recent passport size photograph.
FORM II

KERALA LEGISLATURE LIBRARY, THIRUVANANTHAPURAM

Application for Membership

(Officers and Staff of Legislature Secretariat)

Name in full (In Capitals) : 

Designation and Official Address : 

Date of joining service : 

Date of Birth : 

Date of Retirement : 

Permanent Home Address : 

Telephone Number : 

Office Identity Card No. : 

I desire to become a member of the Kerala Legislature Library and I agree to abide by the Rules in force from time to time. I shall intimate the library regarding change of my official address, if any, from time to time.

Thiruvananthapuram,

Date: 

Signature of applicant

CERTIFICATE

Certify that Shri/Smt. .............................................................. is a regular employee of this Secretariat working as ..............................................................

Signature

Thiruvananthapuram, 

Name and designation of appointing authority.

Date : 

(Office Seal)

Admitted on :

Membership No : 

Librarian
FORM III
KERALA LEGISLATURE LIBRARY, THIRUVANANTHAPURAM

Application for Membership
(Heads of Departments/Officers and Staff of Government Secretariat [General Administration, Law and Finance Secretariat])

Name in full (In capitals) : 
Designation & Official Address : 
Telephone Number : 
Date of Joining Service : 
Date of Birth : 
Date of Retirement : 
Permanent Home Address : 
Telephone Number if any : 

I desire to become a member of Kerala Legislature Library and if admitted, I agree to abide by the Rules in force from time to time. I shall intimate the Library regarding the change of my official address, if any, from time to time.

Thiruvananthapuram: Date : Signature of applicant

CERTIFICATE

Certify that Shri/Smt.................. is a regular employee of the Secretariat working in the ..................................................... as ................................. and His/Her date of retirement is.............................. The retirement from service by superannuation/death or termination of service in any other way will be intimated accordingly.

Thiruvananthapuram: Date ...................... Signature of the appointing authority.

(For Office use only)

Date of remittance of deposit : 
No. date of receipt : 
File No. : 
Admitted on 
Membership No. : 

Signature of Librarian

NB: Application must be submitted along with a recent passport size photograph.
FORM IV

KERALA LEGISLATURE LIBRARY, THIRUVANANTHAPURAM

Application for Renewal of Membership

(Ex-MLAs/MPs/Former Secretaries/Retired Officers and Staff, Legislature Secretariat)

Name in Full (In Capitals) : 

Membership No. : 

Designation and Address for Communication : 

Permanent Home Address : 

Telephone Number : 

My Membership in the Kerala Legislature Library may be renewed for the year..........................................................

Date : 

Signature of the Member

(For Office Use)

The Membership of Shri/Smt ................................................................. in the Kerala Legislature Library is renewed/terminated with effect from.................................

Librarian
FORM V

KERALA LEGISLATURE LIBRARY, THIRUVANANTHAPURAM

Application for Renewal of Membership

(Heads of Departments/Officers and Staff of Government Secretariat (General Administration, Law and Finance)

Name of Member : 
Library Membership Number : 
Official Address : 
Telephone Number : 

I am a regular employee of the Secretariat working in the ............................................... Department. I have not applied for Non-Liability Certificate. My Membership may be renewed for the year ...........................................

Date : 
Signature of the Member.

(For Office use)

Shri/Smt ....................................................................................................... is a regular ................................................................. Member. His/Her Membership may be renewed/terminated.

Assistant Librarian/Catalogue Assistant,

Librarian.
FORM VI

KERALA LEGISLATURE LIBRARY, THIRUVANANTHAPURAM

LOAN SLIP

(For M. L.A.s Only)

Received the following documents for reference inside the House.

1.

2

3.

4.

(To be returned before the House rises for the day)

Date: ___________________________ Name and Signature of the Member.
FORM VII

KERALA LEGISLATURE LIBRARY, THIRUVANANTHAPURAM

Requisition for Photocopying for Official Purpose

Please arrange to supply ..................................copy/copies of the documents send herewith for official purpose of the ........................................section.

Thiruvananthapuram,

Date: Under Secretary.

_____________________________________

(For Official Use)

Please take the copies as above.

Librarian.

No. of copies taken :

Date :

Photostat Copier Operator.
FORM VIII
KERALA LEGISLATURE LIBRARY, THIRUVANANTHAPURAM

Application for Research and Reference facility

1. Name : 
2. Occupation : 
3. Institutional Address : 
4. Telephone Number : 
5. Residential Address : 
6. Telephone No. : 
7. Educational Qualifications : 
8. Subject area of Research : Ph. D/M.Phil
9. Nature of Research : 
10. Name and Address of the Research Guide/Sponsoring Authority : 
11. Any other information : 

Place : 
Date : 
Signature of the Applicant

DECLARATION

I........................................................................................................hereby declare that I shall abide by the rules and regulations of the Kerala Legislature Library. The use of Legislature Library will be duly acknowledged. A copy of the thesis/any other publication brought out on the basis of the above research work shall be forwarded to the Legislature Library free of cost.

Place : 
Date : 
Name and Signature

(For Official use)

No.
Recommendation of the Reference Section : Admitted/Rejected/Kept in abeyance 
Secretary.
FORM IX

KERALA LEGISLATURE LIBRARY, THIRUVANANTHAPURAM

Requisition for Photocopying (Research scholars and others)

[See Rule 8 c (iv)]

Kindly arrange to supply ........................................................................copy/copies of pages.............................. to........................................from the document.

Yours faithfully,

Thiruvananthapuram,
Date : 
Name and Address:
Signature:

(For Official use)

Please take........................................................................copy/copies of the document to Shri/Smt...........................................................

No. of pages : 
Amount realized : 
Receipt No.

Librarian,

No. of copies taken: 
Date and Signature of Photocopier Operator.
FORM X
KERALA LEGISLATURE SECRETARIAT
Legislature Library

Non-Liability Certificate has been issued to Shri/Smt............................................
..............................................................................on...............................................His/Her cash deposit of
Rupees....................................................... may be refunded.

Librarian

Date :

To

Accounts Section for necessary action.

Copy to:---

1. The person concerned. (The amount may be collected from the Accounts Section)

2. Stock File
FORM XI

KERALA LEGISLATURE LIBRARY, THIRUVANANTHAPURAM

Letter of authority.

I hereby authorise Shri/Smt. ..............................................................
whose signature is given below, to take the under mentioned documents on my behalf
subject to Library Rules and I shall be responsible for their loss or damage.

Signature of the authorised person.

Date.
..............................................................

(Signature)

Name & Address.