

**FORM I****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 loss 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

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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 ..... Department 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.

Signature.

Thiruvananthapuram:

Date .....

Name & Designation of the appointing authority.  
(Office Seal)

*(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.

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*(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.

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(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.

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*(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

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*(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,

Signature:

Date :

Name and Address:

*(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.