

Membership No

MEMBERSHIP FORM

- 1. Name :
- 2. Address :
.....
- 3. Date of Birth : Year..... Month..... Date.....
- 4. Age :
- 5. Highest Educational Qualification :
- 6. Designation :

I hereby clearly understand the rules & regulations of the Satyodaya Central Library I hereby agree to apply to membership

.....
Date

.....
Signature of Member

.....
Signature of Librarian

Certify by Guarantor

Name :

Address :

Designation :

Signature of Guarantor.....

| Official use Only | |
|--|---------|
| Membership No | : |
| Date of Approval | : |
| I hereby certify the membership fee of Rs. Hs been paid | |
| | |
| Signature of Librarian | |