PUBLIC LIBRARIES HARYANA

(Membership form)

Name Ms. /Mr. /Mrs.:	
Father 's name/ Guardian's name:	PLEASE AFFIX
nder (please tick): Male: Female: Other:	YOUR RECENT PHOTOGRAPH
DOB: DDYY	
Category (please tick): Student	se specify
Residential address (Attached Adhaar card/Family ID)	
School/College/University/Institutional/Office address	
Public library (District):	
Contact No Email address	
Library security: Refundable after 6 Months Lifetime membership (Govt. / Pvt.): Rs. 500 Institutional membership (Govt. / Pvt.) Rs. 2000	
Reason (Joining/Membership)	
Signature of the candic Name (Block letters)	
For office use only:	
Membership No Amount Received Rs	
Receipt NoDate	
Signa	ture of Library In charge

Note: Before joining Membership, Please read the rules of the library. Rules: For rule and other information log on to the library website (https://library.highereduhry.ac.in)