CHENNAI DISTRICT CENTRAL / CIRCLE / BRANCH LIBRARY

Admn.No Wtd. No
Name :
(in block letters)
Residential Address :
Office Address:
I herewith depositrupees in cash and undertake to abide by the rules of the Library and to inform the Librarian at once of change of address.
Date:
Signature
(P.T.O.)
Mr
Profession
May be permitted to borrow books from the Madras District Central Library to Branch Libraries.
Guaranteed by Name :
Signature :
Designation :
(Seal)
Address:
Approved District Librarian

APPLICATION TO BE SUBMITTED ALONG WITH THE MEMBERSHIP FORM

1. Name (in Block letters):

2. Address: present: Phone No.

Native / Permanent

3. Qualification:

4. Date of Birth :
5. Sex :
6. State whether : Male / Female
7. Occupation : OC / BC / MBC / SC / ST
8. Name and Address of the Phone No.
Institution/ Employer :
 Name and Address of Phone No. Husband/Father/Guardian: Occupation of Husband /Phone No. Father / Guardian: Name and address of the Phone No. Institution in which Husband/ Father/Guardian is employed: Name, occupation and address ftwo relatives for reference: 1. The above particulars furnished by me are true to the best of my knowledge and I will abide by the rules and regulations of the Connemara Public Library, Chennai, in force from time to time. I also assure that I will inform any change in my residential address to the library immediately, in writing.
Date: Signature of
Father/Husband/ Guardian of the Member.

Note:

Xerox copies of the following should be enclosed along with this application:

- 1. Ration Card.
- 2. Voter Identity Card/Driving Licence/Bank Pass Book /Pass Port /Student Identity Card.
- 3. Employer's Certificate of Self/Father/Husband/Guardian.