

No. 16/1/2017-01/misc/1117
Government of India
Library & Information Bureau

LIBRARY MEMBERSHIP FORM

1. MEMBERSHIP NO. _____
2. DATE OF ISSUE _____

To,
Director (Training)
Central Water Commission
Library & Information Bureau
Library Building, Opp. W.B-III
R.K.Puram, New Delhi-110 066

Sir,

Kindly enroll me as a member of the Library. I mention below my relevant particulars. I undertake to abide by all library rules which may be made applicable from time to time and shall pay any dues, which I may owe due to my negligence or due to infringement of Library rules. I am not a member of this Library in any capacity.

- 1. NAME IN FULL (BLOCK LETTERS)
- 2. DESIGNATION
- 4. DATE OF RETIRMENT
- 5. LOCAL OFFICE ADDRESS
-
- 6. PERMANENT HOME ADDRESS
-

I hereby enclose a self attested copy of my Identity Card No.....

SIGNATURE OF APPLICANT

SIGNATURE OF THE RECOMMENDING OFFICER
FULL NAME WITH DESIGNATION
OFFICE ADDRESS & STAMP

Tele/Intercom No.
Mobile No.....

(To be recommended by concerned Director. For Director level and above officers, no recommendation required)

(For Use in Library Only)

Diary No. Dated

Initials of the Librarian.....

DD/LIO