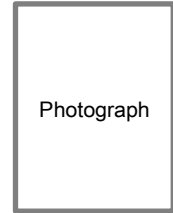


GOVERNMENT OF GOA
KRISHNADAS SHAMA
GOA STATE CENTRAL LIBRARY
Patto, Panaji-Goa 403 001



**Krishnadas Shama Goa State Central Library/DFLG District Library/
/GTL/GVL**

MEMBERSHIP APPLICATION FORM

1. Name:
2. Present Address: PIN:
3. Permanent Address: PIN:
4. Phone Nos.:(Mobile No.)
5. Date of Birth:
6. Profession/Designation:
7. Name & Address of Institution/Organisation/Office:.....
.....
3. Nationality and Passport No. (for foreign nationals only):
9. E-mail ID:

10. UNDERTAKING

I,hereby authorise/nominate
Shri/Smt..... (relationship)

who shall claim the refund of Library deposit in my absence.

.....
Date: *Signature of the Applicant*

11. OFFICE USE

- I Membership:** Reg. No.Date of Reg.
Receipt No. Receipt Book No. Amt.....
- II Membership:** Date of Reg Receipt No.
Book No Amt.....
- III Membership:** Date of Reg Receipt No.
Book No. Amt.

.....
Signature of Curator *Signature of Dealing Assistant*