

DEFENCE CENTRAL LIBRARY



MEMBERSHIP FORM

PERSONAL INFORMATION

Name: _____ (IN CAPITAL LETTERS)

Father/Husband's Name: _____

Date of Birth: _____ Place of Birth: _____

Profession: _____ N.I.C.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address: _____ Office/Institution _____ Residential _____

Telephone No: _____

Email: _____

GR No. Class & Section. _____

Reference of DCL Member, Name _____ DCL Membership No. _____

Photo

1 1/2" x 1 1/2"

Please Submit Following With The Membership Form: -

- a. Two passport size photographs.
- b. Photo copy of School/College ID Card

Verified and Recommended / Not Recommended

(To be verified by the Principal/ Head of the department of respective School/College)

It is verified that the above named person is the bonified student of our school/college and we will be responsible for clearance of DCL dues of said student.

Office Seal:

Date: _____ Academic Session _____ to _____ (Signatures)

DCL SECRETARY'S REMARKS

Category _____ membership is allotted.

Date:

Secretary, DCL