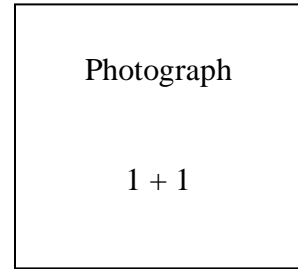


LIBRARY MEMBERSHIP FORM

**THE PROGRAMME DIRECTOR (LIBRARY)
INDIAN COUNCIL FOR CULTURAL RELATIONS
AZAD BHAVAN, I.P.ESTATE, NEW DELHI –110002.**



Dear Sir/ Madam,

I may please be enrolled as Consulting Member of your Library for the current year -----
I shall abide by the rules and regulations.

1. Name of applicants: _____

2. Designation: _____

3. Date of birth: _____

4. Address
(a) Office: _____

(b) Residence: _____

5. Telephone No. (a) Office _____ (b) Residence _____
(c) Mob. No. _____

6 Subjects/ fields for Consultation: _____

(Kindly submit photocopy of the Ration Card/ Election I-Card/ Passport/ Identity Card issued by the College/ University, as applicable, for issuance of Consulting Membership Card)

Yours faithfully,

Counter Signature
of Gazetted Officer with address &
Telephone No.

(Signature of Applicant)

Please register as Consulting Member

Programme Director (Library)

Registered as Consulting Member – Vide No. _____

Received Consulting Membership Card _____

Date _____ (Signature of the Card Holder) _____