## SERVANTS OF INDIA SOCIETY'S DHANANJAYARAO GADGIL LIBRARY PUNE 411 004

## Application for **Individual (Annual) / Individual (Life) Membership** (For Graduates and above only)

Please furnish the necessary information under all the heads applicable to you.

1.	Name in block letters:	Surname	Name	Midd	le Name		
2.	Educational qualification	s:	Date of B	irth: DD / MMN	A / YYYY	Y	
3.	Are you a Foreign Nation	nal / Non Reside	ent Indian (NRI)?	Yes	No		
4.	Occupation: Student / Research Scholar / Professional / Business / Teaching / Other						
5.	Communication Details						
	Address (Office / Res.)						
			PIN				
	Contact Number:	<u>(R</u>	.) (	(0)		<u>(M)</u>	
	Contact Email(s):						
6.	Purpose of taking Membe	ership of the lib	rary?				

Knowledge Update / Education / Project Work / Research Work / Other

I have read the rules and regulations of the library and agree to abide by the same. In case I lose any book(s) borrowed by me from the library, I agree to pay the replacement cost of the book(s) and a penalty of 10% of the replacement cost.

Date:

Signature of Applicant

## RECOMMENDATION

This is to certify that, Mr./Mrs./Ms./Dr. \_\_\_\_\_\_ residing at the above address is known to me and I recommend him/her for Library membership.

Date:

Name & Designation

Signature

## FOR OFFICE USE ONLY

Deposit Amount:

Receipt No. & Date

Admitted

Date:

Librarian

Year	Receipt No & Date	Borrower's Ticket Nos.	Admission No.

Entered in Member's Register / Database

Library Assistant

Application for Withdrawal of Deposit

I have returned all the material(s) belonging to the library alongwith Borrower's Ticket Nos. \_\_\_\_\_\_ to \_\_\_\_\_. I shall be grateful for refunding the library deposit of Rs. \_\_\_\_\_\_)

Signature of the Applicant

(To be filled in by Circulation Desk Staff)

Reader has returned all the material(s) issued to him / her by the Library and the details are entered in the member register/database. Hence the Deposit may be refunded.

Signature of Circulation Desk Staff

Signature of Librarian

(To be filled in the presence of Accountant)

Received the library deposit of Rs. \_\_\_\_\_/- (in words Rs. \_\_\_\_\_\_

.....)

Date:

Signature of the Applicant