BHAI VIR SINGH SAHITYA SADAN

Bhai Vir Singh Marg, Gole Market, New Delhi-110 001, www.bvsss.org

LIBRARY MEMBERSHIP FORM

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I request that I may be enrolled as a member of the library.
I promise to obey all the library rules.

Membership No.:			
Name:			
Date of Birth:			Male 🔲 / Female 🖵
Father/Husband's Name:		•	
Department / Institution & Designation :			
Residential Address: & Phone / Cell No.:			
Permanent Address : & Phone / Cell No. :			
Office Address : & Phone No. :			
Email:		Mobile No. :	
Membership Fee deposit Rs. :		Refundable Security deposit Rs. :	
Signature of Applicant & Date		Signature of Librarian & Date	
Bhai Vir Singh Sahitya Sadan, Library Clearance Certificate			
Membership No.:		Name:	
O Return all library in Remarks from Librarian:	material, O Surrender Iden	ntity Card, ○ Obtain re	fund of library deposit
		Si	ignature of Librarian & Date
	rary deposit refund should		

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2. Photocopy of residential proof.

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