

Karnataka State College Librarians Association, Bangalore

www.karcollelibrarians.net

APPLICATION FOR MEMBERSHIP

1. Name in full
(in Capital letters) :
2. Sex / Age / Date of Birth :
3. Qualifications :
4. Designation :
5. Name of the College & Address
(with Pincode & phone No) :
6. Affiliated to :
7. Residential Address in full
(with Pin Code & Phone No) :
8. Phone : Res..... off..... Mobile.....
9. E-mail ID :
10. Professional experience :

DECLARATION

I, here by apply for Ordinary/ Life Membership of the association and undertake to abide by the rules and the bye-laws of the association if I am admitted to the association. A sum of Rs..... is forwarded herewith by Cash/Draft being the Admission fee and Membership Fee in Full (Rs. 2000/-)

Place:

Date:

Signature of Applicant

Proposed by

For Office use only

General Secretary's Report

Placed before the Committee Meeting held on..... and considered the Application. The Application is accepted/rejected/deferred.

General Secretary

President

Mode of payment:

I enclose a DD / Cheque (of any Nationalized Bank) No..... dt for Rs..... /- in favor of "The President Karnataka State College Librarians Association " payable at Tumkur.

Signature

The Form may be sent to:

Sri U.K. Bagewadi
Selection Grade Librarian
Govt. First Grade College,
Gubbi – 572 216
Dist: TUMKUR

❖ Please attach a copy of Professional Degree Certificate