**Sarvottama Granthalayam**

Sri Sarvottama Bhavanm, Patamata, Vijayawada- 520010

Phone :+91 852092631 email: info@apla.co.in

Web; http://apla.co.in

 ***Membership Application Form***

|  |  |
| --- | --- |
| Receipt No. |  |
| Membership No  |  |
| Library Card No  |  |

 I would like to join as the member of the Library to use the resources and the details are given below:

1. Name: -------------------------------------------------------------------------------------------------------------------------
2. Father/ Husband’s Name: ------------------------------------------------------------------------------------------------
3. Qualification: ---------------------------------- Profession/ Designation: ---------------------------------
4. Present Address: -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
5. Permanent Address: -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
6. Aadhar No: --------------------------------------------- Email: ------------------------------------------------------
7. Phone No.: Mobile ------------------------------------- Land Line -------------------------------------------------

**Declaration by the Applicant**

I …………………………………………………………………………………….do hereby abide the by rules and regulations of the Library and an amount of Rs. ……………… (Rupees ....................…………..……………………………………) is paid by cash/ DD/ Cheque No. ....... …………………. Dated ………………….... towards membership fee.

*Signature of the Candidate*