



GOVERNMENT MEDICAL COLLEGE & HOSPITAL

Sector 32-B, Chandigarh – 160030, Ph. 0172-2665253-57, Fax No. 0172-2609360

CENTRAL LIBRARY

LIBRARY MEMBERSHIP FORM

Dated: _____

1. Name _____
2. Father's Name _____
3. Please mention Roll No. (if Student) _____
4. Please mention Serial No. (if Staff Nurse) _____
5. **Detail of Employee**
 - a. Name of Post held _____
 - b. Department _____
 - c. Employee Code _____
 - d. Date of Joining _____
 - e. Type of Job (Contract/Regular) _____
 - f. Copy of Appointment Letter _____

6. **Address:**

Correspondence Address

Permanent Address

M. No. _____
Email _____

M. No. _____
Email _____

Fine Rs. 1/- per day for first month, Rs. 5/- per day second month and Rs. 10/- per day third month will be charged for overdue books. After 3 months borrower has to pay full amount of the book along with fine.

Signature & Seal of HOD

Signature of Applicant

(For official use only)

Membership No.:
Dated:

Signature of issuing authority

Signature of Librarian