

Sarvottama Granthalayam

Sri Sarvottama Bhavanm, Patamata, Vijayawada- 520010

Membership Application Form

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| 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:
4. Profession/ Designation:
5. Age:
6. Present Address:
7. Permanent Address:
8. Phone No.: Mobile Land Line:
9. Email:
10. Hobbies:

Declaration by the Applicant

Ido 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