



DKSSTRC MEMBERSHIP FORM

Name :
(In Capital Letters)

Organization :

Address :

Email ID :

Mobile No. :

Research/Academic Interests:

Membership Type :

Reason to Avail Membership:



I declare that the information given above by me is correct and that I will abide by the library rules if my application is approved.

Signature of the Applicant

(FOR LIBRARY USE ONLY)

Amount Paid Receipt no. Date.....

Membership Period: From -----to -----

Payment Mode

Signature of the Librarian

Signature of the Director