

GOVERNMENT OF ASSAM
OFFICE OF THE DIRECTOR OF TRAINING
ASSAM ADMINISTRATIVE STAFF COLLEGE
JAWAHARNAGAR, KHANAPARA, GUWAHATI-22

LIBRARY MEMBERSHIP FORM

Membership No.

I do hereby agree to abide by the Rules of the Library of Assam Administrative Staff College and furnished below the required particulars about myself. Please enroll my name as one of your Library Member. I also agree not to make any loss or damage to the Library documents and other Library properties during my use.

Date

Signature and seal of the applicant

Full Name (in capital)

SO/DO/WO.....

Designation..... Department.....

Profession..... Name of Training at AASC (if any)

Phone No..... Email id

Present Residential Address – Permanent Residential Address –

H. No..... Aptt./Street..... Same as present address

Area/Vill..... Street/Area/Vill.....

Post Office

District..... Post Office

PIN..... District.....PIN.....

Forwarded/Recommended

Signature and seal of the Head of the Organization

Receipt No..... Book No. Amount.....

Librarian's OrderCard number..... Date

Librarian's Signature