

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

LIBRARY READERSHIP FORM

Personal details of the applicant

1. Name (in block letters):
2. S.O./D.O./W.O. :
3. Residential Address:
.....
P.O./P.S: Dist: PIN:
4. Permanent Address:
.....
P.O./P.S: Dist: PIN:
5. Contact No. : Email ID:
6. Educational qualification:
7. Profession Designation:
8. Institute.....
.....

I, Shri/Smti/Md do hereby declare that the information given above is correct and complete to the best of my knowledge and belief. I have submitted self-attested copies of a) two passport size photographs, b).....as proof of identity/address, c)..... as proof of latest qualification and d) as proof of civil service preparation.

I understand that I am allowed the use of Library Reading Room facility only. I do hereby agree to abide by the rules of AASC Library and not to make any loss or damage to the library document/properties used by me during the period.

Date:

Signature of the applicant

FOR OFFICE USE ONLY

All documents have been checked and found correct. The applicant may be given permission to access the library reading room.

Date :

Signature of the Librarian