



NBPGR LIBRARY MEMBERSHIP FORM

For Office use
Membership No. _____

Category _____

To
The Librarian
NBPGR Library,
Pusa Campus,
New Delhi-110 012.

Kindly enroll me as a member of Bureau Library. I give below all my relevant particulars. I promise to abide by all library rules, which may be applicable from time to time. I would be liable to pay any dues, which I may owe due to my negligence or infringement of library rules.

Name (in block letters) _____

Designation _____

Division / Section _____

Present Resi. Address _____

E-mail address _____

Mobile No. _____

Date of Birth (D.O.B.) _____

Date of Superannuation/Date of Session Expired _____

Signature of the Head of Division

Signature of the Applicant