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GOVERNMENT MEDICAL COLLEGE & HOSPITAL
Sector 32-B, Chandigarh – 160030, Ph. 0172-2665253-57, Fax No. 0172-2609360
CENTRAL LIBRARY

LIBRARY MEMBERSHIP FORM

Dated:

1. **Name** _____
2. **Father's Name** _____
3. **Please mention Roll No. (if student)** _____
4. **Please mention Serial No. (if Nursing Officer)** _____
5. **Detail of Employee**
 - a) **Name of Post held** _____
 - b) **Department** _____
 - c) **Employee Code** _____
 - d) **Date of Joining** _____
(Please attach copy of appointment/joining letter)
 - e) **Type of Job (Direct Contract/Regular)** _____
 - f) **Mobile No.** _____
 - g) **Email ID:** _____
6. **Address (In capital)**

Signature & Seal of HOD

Signature of Applicant

Fine charges

1. **Rs. 500/- will be charged for lost of Library Membership Card.**
2. **Rs. 1/- per day for 1st month, Rs. 5/- per day for 2nd month and Rs. 10/- per day for 3rd month will be charged for overdue books. After three months' borrower has to pay full amount of book along with fine.**

(For official use only)

Membership No.

Dated:

Signature of issuing authority

Signature of Librarian