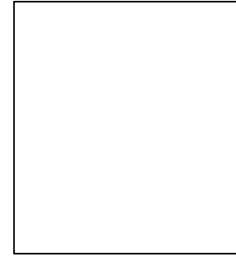




Reg.No.319/Jaipur/2017-18

RAJASTHANI MEDICAL LIBRARY ASSOCIATION

MEMBERSHIP FORM



The President

Rajasthani Medical Library Association
F-55, Saraswati Nagar, Malviya Nagar,
Jaipur-302017 (Rajasthan)

1. Name (in capital letters) _____

2. Designation _____ Date of Birth _____

3. Academic and professional qualification _____

4. Institute/organization where employed: _____

5. Address for correspondence: _____

City: _____ State: _____

PIN Code: _____ Telephone No. STD code _____

Mobile No. _____ E-mail: _____

6. Permanent home address _____

City: _____ State: _____

PIN Code: _____ Telephone No. STD code _____

Mobile No. _____ E-mail: _____

7. Payment of membership fee Rs./ _____ by Cash/Cheque/Demand Draft No _____

Dated:.....In favour of Rajasthani Medical Library Association payable at Jaipur.

Rs. 300 [Annually Membership]

Rs. 1000 [Life Membership]

Reference by _____

*Attach proof of your residential address and professional address if working or college ID if a student

DECLARATION

I wish to become the Life/ Annual member of Rajasthani Medical Library Association and if enrolled agree to abide by its rules and regulations.

Date:

Place:

Signature.....

-----FOR OFFICE USE ONLY. DON'T WRITE BELOW THIS LINE-----

Receipt No:

Date:

Membership No:

Issued by Treasurer