

**LIBRARY MEMBERSHIP FORM**



**CATEGORY**

Civil Servant IAS/IPS/IFS	SPIPA faculty	General Member	Prelims Student	Mains Student	SPIPA staff
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1. Full Name: .....
2. Designation: .....
3. Date of Birth: ..... Date of Retirement: .....
4. Residence/Permanent Address: .....  
 ..... Mobile No.....  
 Telephone No. .... e-mail address .....
5. Name & Address of office .....  
 .....  
 Telephone No. .... e-mail address .....  
 Controlling officer's Designation: .....  
 Address: .....  
 ..... Telephone No. ....

I hereby agree to abide by the rules & regulations SPIPA Library in force from time to time. I will preserve the condition of the books borrowed from the library. If found guilty, I will pay the compensation as decided by the library.

Date ..... Signature .....

Enclosure: Copy of Identity card/Order of Pension Payment/ Certificate from latest controlling officer

Serial No: ..... Name of the Office : .....  
 Address: .....  
 Date: / /2013

Copy to:  
 Deputy Director General  
 SPIPA, Ahmedabad  
 Subject : Reg. membership application for SPIPA Library  
 Dear Sir,

Mr/Ms/Mrs .....is working in this office as .....  
 His/her membership application form for SPIPA library is attached herewith. Information provided in this application form is in accordance with the office records. There is no current or pending departmental enquiry against him. His transfer/promotion/retirement will be immediately informed to the SPIPA library.

Head of the Department

Signature/Seal .....

Name..... Designation .....

**For Office Use**

Received the membership application from Mr/Mrs/Ms .....  
Designation..... Kindly receive the membership fees of Rs. ....  
(in words) Rupees ..... and provide the member  
..... library tickets.

Librarian

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To  
Librarian, SPIPA, Ahmedabad  
I have received ..... library tickets with number ..... and .....  
Date.....

Signature of the application

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\* Please note incomplete application form will not be accepted.