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Membership Form

(Membership Form Free, Membership Charges Rs. 100/- (Rs. 25/- for BPL Cardholders)

Delhi Public Library

(Min of Culture, Govt. of India Organization)

Aadhar Card No.: _____ Form Serial No.: _____

Type/of Memership Needed : Child Membership/Adult Membership
(✓Tick whicever is applicable): Child DVD Membership/Adult Membership

Mr./Ms./Kum./Dr./ _____

Surname: _____ Name: _____

Father's/Mother's/Name/Husband's Name: _____

Date of Birth : Date _____ Month _____ Year _____

Age: Sex: Male/Female (✓Tick) Qualification: _____

Residential Address : _____

City : _____ Pin: _____

Office/Permanent/Alternate Address: _____

E-mail : _____ Mobile : _____

Landline : _____

Category : Student/Employed/Unemployed/Retired/Housewife/Others

Are you a existing member of DPL : YES/NO

If Yes, since _____ State the Membership No.: _____

Signature of the Candidate (With Date)

Only for Students :

Name of the School/College/Occupation with Complete Address :

Class/Course of Study: _____

*Declaration by parent in case of Minor : (Below 18 Year)

I _____ on the behalf of my Son/Daughter

_____ abide by the Rules of DPL for Books

CDs taken by them. Office Address: _____

_____ Telephone No.: _____

Introducer Details :

Signature

I Know the applicant and verify his/her signature, address and also recommended to be a member of the Delhi Public Library.

*(Should be attested by a MP/MLA/Councilor/Gazetted Officer/ MBBS/ BAMS/BUMS Doctor, RWA etc.)

Name : _____ Design : _____

Office Address : _____

Telephone/Mobile No.: _____

(Space of Stamp)

Signature

(For Office Use)

Membership No.: _____ Date of Expiry: _____

Details of address proof provided : Aadhar Card/Ration Card/Election I-Card/Office I-Card/Passport/Driving License/Bank Pass Book/Current Electricity Bill/MTNL Bill.

1/2/3 BT Received _____

Signature of I/C