

APPLICATION FOR MEMBERSHIP OF CENTRL LIBRARY, MEDICAL COLLEGE, THRISSUR

1. Name (in Block letters) :
2. Designation :
3. Name of the Department :
4. Date of Joining in the Institution :
5. Local Address :
6. Permanent Home Address :
7. Landline/Mobile No.
8. Nature of Appointment :

(Through PSC or Provisional)

DECLARATION

I declare that I shall abide by the library rules and regulations, which will be in force from time to time

Signature of the Applicant

Thrissur

Date:

Certified that the applicant has joined the department of He/She has been selected through the PSCV/Employment Exchange.

Signature of the Head of the Department

(With Office Seal)

Date: