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**LIBRARY MEMBERSHIP FORM**

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Date of Birth \_\_\_\_\_

Sex : Male  Female

Caste : SC  ST  Others

Vision Status : Totally Blind  Partially Sighted  Low Vision

Occupation : \_\_\_\_\_

**For Students**

Name of School/Colege : \_\_\_\_\_

Standard studying in : \_\_\_\_\_

Admission Fee, Annual/Life Membership Fee, Deposit sent through:

Money Order <input type="checkbox"/>		Cheque/Demand Draft <input type="checkbox"/>		Online Payment <input type="checkbox"/>	
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Date		Date		Date	
Amount		Amount		Amount	

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Signature

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Thumb impression

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Date of Issue of Membership : \_\_\_\_\_

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