

Department Of Public Libraries : Telangana
Zilla Grandhalaya Samstha Nizamabad

Membership Number.....

Receipt Number.....

Date.....

Membership Application

1. Name.....
2. Father Name.....
3. Permanent address.....
4. Mobile number.....
5. Temporary address.....
6. Age.....
7. Hobbies
8. Membership deposit amount
9. Qualification
10. Occupation

I (membership holder) accept to agree the rules and regulations of Zilla Grandhalaya Samstha, Nizamabad for taking books to my home and also agree to return the books with in time period of 15 days. I am responsible for any loss of books taken by me.

Depositer signature

Sri/Smt. Receipt number Date has paid the sum of rupees for Library membership, amount has been deposited to Library fund through challan numberDate

Librarian
Zilla Grandhalaya Samstha
Nizamabad