APPLICATION FORM FOR PRIVATE MEMBERSHIP

TO,

The Director,
National Medical Library
Directorate General of Health Services
Ansari Nagar, Ring Road
New Delhi-110029

borrowing the book or pays its price.

6. A sum of Rupees five will be charged for the loss of this card.

7. Library will not be responsible for misuse of this card.

Sir/ Madam,

I may kindly be enrolled as a member of the National Medical Library. I have read the rules an regulations (as mentioned below) applicable in this behalf and agree to abide my self with them. I am enclosin herewith a Demand Draft of Rs. 5000/- (Rupees Five Thousand only) in favour of DGHS payable at New Delhi bearing No	g
1. Name (in Block Letters)	
2. Professional Qualification :	
3. Registration No.(MCI) :	
4. Address: Residential-	
5. Address: Clinic/ Hospital :	
6. E-Mail	
7. Telephone No. (Clinics / Hospital)	
8. Telephone No. (Residential)	• •
I authorize the National Medical Library to deduct the cost of the book lost or damaged by me. I al undertake to pay the excess amount if the cost of publication lost or damaged by me is more than the securideposit. Any change in my residential address will be communicated to the National Medical Libra immediately. Photocopy of my Medical Registration and Voter Identity Card/ Ration Card/Bank Account are enclosed.	ity .ry
Date Signature:	
Name & Designation:	
Rules and Regulation's:-	
 Only one Borrower card will be issued to a member. Books may be retained for a period not exceeding 14 days by members. 	
3 Book may be renewed on request at the discretion of the Librarian.	
4. Dog-earing the papers of a book, marking or writing therein with ink or pencil, tearing or taking out	its
pages or otherwise damaging it, will constitute an injury to a book. 5. Any such injury to a book is a serious offence: Unless a borrower points out the injury at the time	of

Note: Borrower's Cards are issued during 10.00 A.M. to 5.00 P.M. on weekday's (Monday to Friday) only.