**LOCAL LIBRARY AUTHORITY, TIRUCHIRAPPALLI**

 **APPLICATION FORM**

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 Membership No:

1. Name [in Block Letters] : …………………………………...................
2. Father/ Husband Name : …………………………………………………………..
3. Date of Birth : …………………………………………………………..
4. Sex : Male …….. Female ……..
5. Occupation : ………………………………………..…………………..
6. Main Address : ……………………………………………………………………………

 …………………………………………………………………………….

Phone No: ……………………………………….. Cell No: ………………………………………………

City: ……………………………………….. State : ………………………………………………

ZIP/Postal Code: ……………………………... E-mail : ………………………………………………

 7. Alternate Address : ……………………………………………………………………………..

 ………………………………………………………………………………

Phone No: …………………………………….. Cell No: ………………………………………………..

1. Category : Basic 1 Book Rs.30/- ………. 2 Books Rs. 50/- ……….

 3 Books Rs. 60/- …………

 **The above particulars furnished by me are true to the best of my knowledge and I will abide by the rules and regulations of the District Central Library, Trichy, in force From time to time, I also assure that I will inform any change in my residential address to the library immediately in writing.**

**Date : Signature of the Member**

**Note: Please submit the application along with photo copy of any one of the following:**

1. **Ration Card 2. Voter Identity Card 3. Aadhar Card**