

**LOCAL LIBRARY AUTHORITY, TIRUCHIRAPPALLI**

**APPLICATION FORM**

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: .....

8. 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**