



National Institute of Public Finance and Policy

Library Membership Form

Please affix
recent
passport
size
photograph

Library ID:

(for Library use only)

Name of the Applicant (In BLOCK LETTERS) Dr./Mr./Ms. : _____

Designation: : _____

Date of Joining: : _____

Valid Up to: : _____

Date of Birth: : _____

Current residence address of the applicant
in BLOCK LETTERS: : _____

: _____

: City _____ Pin code _____

State _____

Phone Number with STD Code : _____ Mobile _____

E-mail ID: : _____

- By submitting this form, I agree to observe the NIPFP library policies, rules and regulations
- I agree to take care of borrowed reading materials and return them by the due date and recall date
- I also agree to pay the overdue charges, charges for the lost or damaged materials borrowed from the library
- I will notify the library for any changes in my address or contact details of nominee

Signature of the Applicant:

Date:

Place:

Senior Library and Information Officer

For Library use only

The Library Membership is granted to _____ on regular / contractual basis for the period
from _____ to _____

Date: _____ Senior Library & Information Assistant / Assistant Library & Information Officer