

RATAN TATA LIBRARY (DULS), DELHI-110007

CONSULTATION MEMBERSHIP APPLICATION FORM

To the Deputy Librarian, Ratan Tata Library,

I wish to become a Consultation Member of your Library according to its rules. The required information is provided below.

Introduced by: _____

Signature: _____

Address: _____

Personal Details:

Name (Surname): _____

Forename(s): _____

Qualification: _____

Occupation: _____

Residential Address: _____

Permanent Address: _____

Date of Admission: _____

Membership No.: _____

Subject of Study and Purpose: _____

Membership valid up to: _____

Signature (Ratan Tata Library): _____