

# **RATAN TATA LIBRARY (DULS), DELHI-110007**

## **CONSULTATION MEMBERSHIP APPLICATION FORM**

**To the Deputy Librarian, Ratan Tata Library,**

I request consultation membership at the Ratan Tata Library and agree to abide by all library rules and regulations. The required details are provided below.

### **1. Personal Details**

- **Full Name (in block letters):** .....
- **Qualification:** .....
- **Occupation & Institutional Affiliation:** .....
- **Subject of Study & Purpose of Membership:** .....
- **Residential Address:** .....
- **Permanent Address:** .....
- **Mobile Number:** .....
- **Email ID:** .....
- **Date of Birth (D.O.B):** .....
- **Institutional/Official ID No.:** ..... (Attach a copy)
- **Emergency Contact Name & Number:** .....

### **2. Introduction & Recommendation**

- **Introduced by (if applicable):** .....
- **Designation & Affiliation of Introducer:** .....
- **Signature of Introducer:** .....

### **3. Applicant Declaration**

I declare that the above information is correct and agree to abide by the library's consultation rules, including restricted borrowing and designated consultation areas.

**Date:** .....

**Signature of Applicant:** .....

### **4. Library Use Only**

- **Membership Approved By:** .....
- **Membership No.:** .....
- **Membership Valid Up To:** .....
- **Remarks (if any):** .....

**Signature & Stamp (Ratan Tata Library):** .....

**(Note: Applicants must submit a copy of their Institutional/Official ID along with this form.)**