

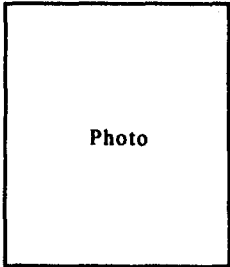


THE ERNAKULAM DISTRICT CO-OPERATIVE BANK LTD.

E.M.S.CO-OPERATIVE LIBRARY

Mavelipuram, Kakkanad P.O., Kochi-682 030. Ph: 0484-2421988, 3240075.

Web: www.emslibrary.edcbank.com • E-mail:library@edcbank.com



A P P L I C A T I O N F O R M

Name of Applicant			
Address (Permanent)	Address (Present)		
Phone	(Resi.) _____	(Office) _____	(Mobile) _____
	E-mail: _____		
Age & Date of birth	Male / Female		
Occupation			
Educational Qualification	_____		
Office Address	_____		
Interested Subjects	_____		

I hereby agree to abide the rules and regulations of the Library.

Place : _____

Date : _____

Signature of Applicant

Recommended by :

Name & Signature of member/No.	Name & Signature of parent or guardian in the case of minor
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OFFICE USE ONLY	CATEGORY	ORDINARY	LIFE	FAMILY	INSTITUTION	OTHERS
	DURATION	1 YEAR	10 YEARS	20 YEARS	40 YEARS	50 YEARS

Receipt No. _____

(Cash / Cheque.....)

Membership No.

Membership Fee

Security Deposit

Additional Security

EKM. Dist.
Out side EKM Dist.

Seal

Section Clerk

Signature of Librarian / Administrative Officer