



LIBRARY MEMBERSHIP FORM

Name.....

Member/Student.....

Registration No / Membership No.....

Stage (Professional/Executive) (For Students).....

Associate/Fellow Membership Number (For Members)

E-Mail-.....

Mobile No.....

Correspondence Address.....

.....

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Permanent Address.....

.....

.....

Annual Fee: Rs.

(Declaration: I do hereby declare that the information provided above are true and best of my knowledge)

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Signature

Date:

Place:

Mandatory Enclosure:

1. Copy of the Identity Card/Membership Card issued by the ICSI; and
2. A self-attested copy of PAN card or Aadhar Card.