

**STATE BANK LIBRARY MEMBERSHIP FORM**

*(For Outsiders Including Bankers, Students, Scholars, Researchers, Professionals)*

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

N.I.C. No: \_\_\_\_\_

Name of Institution & Address: \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_

Educational Program: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Phone (Office) \_\_\_\_\_ (Residence) \_\_\_\_\_

Date: \_\_\_\_\_

**2 PHOTOGRAPHS  
(Recent  
Passport size  
and Coloured)**

**Signature**

\_\_\_\_\_

*(To be Verified by Departmental Head/Principal Officer)*

We, agree to provide surety for Mr. \_\_\_\_\_

S/O \_\_\_\_\_ and undertake to pay the Bank the replacement cost of book(s) on borrower's failure to return the book(s) or to pay for the lost books.

Surety / Guarantor

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Department / Institution \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone (Office) \_\_\_\_\_ (Residence) \_\_\_\_\_

Date: \_\_\_\_\_

(Signature)  
Official Seal

\_\_\_\_\_

*For Office Use Only*

Please check and issue the Borrower's Card to the applicant.

**Head of Department**

Chief Librarian

Card No. \_\_\_\_\_ Issue Date \_\_\_\_\_

Borrowing Limit \_\_\_\_\_ Valid upto \_\_\_\_\_

*Research Officer*