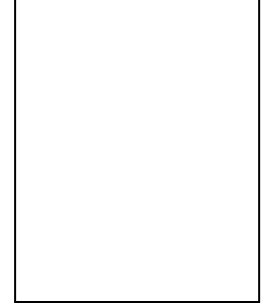




LIBRARY MEMBERSHIP REGISTRATION FORM

MEMBERSHIP NO.: _____

(For library use only)



CATEGORY- REGULAR EMPLOYEE

I would like to become a Member of the Library & Information Division of Indian Pharmacopoeia Commission. My particulars are as given below:-

Name (in capital letters): _____

Designation: _____

Date of Joining _____ **Division** _____

(Copy of appointment letter should be enclosed)

Residential Address: _____

Mobile Number: _____

Email: - _____

Telephone (Office): _____

Extn. No.:- _____

I have gone through the rules & regulations of the Library & Information Division of Indian Pharmacopoeia Commission and hereby agree to abide by these.

Date: __ / __ / ____

Employee's Signature: _____

Officer-in-Charge Signature: _____

(For Library use only)

Checked and he/she may be enrolled as regular member of Library & Information Division.

Checked by: _____

Signature: _____

Lib. & Information Officer

