

**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCE AND TECHNOLOGY  
THIRUVANANTHAPURAM-695011**

**APPLICATION FOR MEMBERSHIP**  
(Application for the employees of the institute only)

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Name in block letters :

Designation :

Department :

Permanent Address :

Signature

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Please admit me to the membership of Sree Chitra Tirunal Institute for Medical Science and Technology Library. I under take to abide by the rules of the library. I also undertake not to sub lend my borrower's tickets to any other persons

Place:

Date:

Signature

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**Recommendation from the head of the Department**

I recommend Sri/Smt/Dr.....to the membership of the library. He/She is a bonafied staff of the department. I assure not to issue a credential certificate to him unless he produce a Non-Liability certificate from the Library.

Date:

Seal

Signature

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**OFFICE USE ONLY**

Date of admission :  
Membership number :  
Borrower's ticket number :  
Borrower's ticket duplicators :  
Payment if any :  
Date of withdrawal :  
Cancellation of Membership :  
Return of Borrower's ticket :  
Non liability certificate :  
Remarks if any :

LIBRARIAN

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