



## INDIAN ASSOCIATION OF SPECIAL LIBRARIES AND INFORMATION CENTRES

P-291, CIT Scheme No 6M, Kankurgachi, Kolkata – 700 054, West Bengal, INDIA

Tel : +91 (033) 2362 9651 email: iaslic.india@gmail.com Website : www.iaslic1955.org.in

### Application for Individual Membership

To  
The Hony. General Secretary,  
IASLIC  
P-291, CIT Scheme 6M  
Kankurgachi, Kolkata- 700054

Dear Sir,

I highly appreciate and support the objectives of the Indian Association of Special Libraries and Information Center (IASLIC) and I hereby apply for my admission to Annual Membership/ Life Membership/Donor Membership. I agree to abide by the Constitution and Rules of the Association. I am agree to pay the requisite Membership Fees of ₹ / US\$..... if my membership is granted by the Executive Council. My Biodata for membership with **two copies of recent stamp size photographs** are furnished here.

Date: .....

Yours Faithfully,

Signature

FULL NAME: DR./SRI/SMT. (Please fill in Block letters)																				
	Surname										First Name									
ADDRESS (Correspondence)																				
	City:						PIN:						Ph. No.							
ADDRESS (Permanent)																				
	City:						PIN:						Ph. No.							
E-mail:																				

Full signature of the Proposer with date:		Membership No-
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*N.B. :Granting of membership is subject to the approval of Executive Council. Membership card will issued by the General Secretary*

#### (FOR OFFICE ONLY)

Form received on:	Date of approval by EC:	
Subscription received on:	Payment:	Cash   Cheque   Bank Tr   Membership No:

#### For Annual Membership

Annual Member (Domestic): ₹ 400  
Overseas SARC Countries: \$20  
Overseas Non-SARC Countries: \$30

#### For Life Membership

Life Member (Domestic): ₹ 4000  
Overseas SARC Countries: \$200  
Overseas Non-SARC Countries: \$ 300

For Donor Members : ₹15,000 (Minimum)

*N.B.: Remittance should be made only after being so intimated by IASLIC.*

*Please affix one stamp size passport colour photo in the Form and one copy separately with the Form*

RECENT  
STAMP SIZE  
PHOTO



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### BIODATA OF THE APPLICANT

1. FULL NAME: DR./SRI/SMT. (Please fill in Block letters)	Surname		First Name	
2. ADDRESS (Correspondence)				
	City:	PIN:	State:	
3. ADDRESS (Permanent)				
	City:	PIN:	State:	
4. E-mail:			5. Ph. No.	
6. Date of Birth:			7. Gender:	M F T
			8. Religion:	

9. Experience in the Profession:	YEARS:	MONTHS:						
A. PRESENT POSITION:								
B. OFFICIAL ADDRESS:								
CITY:	PIN:	STATE:						
PH.NO:	E-MAIL:							
CATEGORY:	GOVT.	GOVT. AIDED	ACADEMIC	PUB. LIB.	R&D	CORPORATE	PRIVATE	Specify

10. QUALIFICATIONS	DEGREE	SUBJECT	YEAR	UNIVERSITY/INSTITUTION	REMARKS
A. GRADUATION					
B. POSTGRADUATION					
C. OTHER					
D. PROFESSIONAL	BLIS				
	MLIS				
	M.PHIL				
	Ph.D.				
E. OTHER (Specify)					

11. TITLE OF THE THESES:
12. PUBLICATIONS (Add extra sheet, if needed):
13. MEMBERSHIP OF OTHER ORGANIZATION:
14. ANY OTHER INFORMATION:

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature of the Applicant