

National Institute of Bank Management Library
Kondhwe Khurd Pune 411 048
Telephone: 26716000 (EPABX) 26716302 (Library Counter)



Application for Membership

To
The Librarian
NIBM Library
Pune 411 048

I wish to become a member / renew my membership of the NIBM Library. Following are the necessary details requested by you:

Name (*in BLOCK LETTERS*): Mr./Ms./Mrs./Dr./ _____

Designation: _____ Mobile No.: _____

Phone No.: (O) _____ (R) _____ Email: _____

Name & Address of the Bank / Organization _____

Residential Address: _____

Please provide following details:

Old Membership No.(If any)		Earlier Deposit paid		Earlier Receipt No.	
----------------------------	--	----------------------	--	---------------------	--

Membership category Interested: (Please (✓) mark at appropriate place) **PhD / Bankers / Individual / Consultant / Journalist OR NIBM Ex-Member: Resigned from NIBM / Superannuated from NIBM.**

Kindly accept Cash / Cheque no. _____ dated _____ drawn on _____ for

amount Rs. _____ towards membership fees in favor of NIBM, Pune. I have received and read the

revised **NIBM Library Membership Policy 2012** and agree to abide all the rules mentioned in the policy. Please issue me a

membership card.

Date:

Signature

Authentication from Bank / Organization

This is to certify that the Mr./Ms./Mrs./Dr. _____ is employed in our organization since _____ and the particulars given by him/her as above are correct.

Name (*in Block Letters*) Mr/Ms _____

Signature and Stamp of the Signing Authority _____

For Office Use Only

The member is interested in membership category: _____

As per revised Library rules 2012:

Membership Details	Amount Paid in Rs.	Checklist for Documents Submitted
Earlier deposit if any		1. ID Proof (License / Pancard / Passport) 2. Residence proof (Electricity Bill / Phone Bill) 3. Two latest photographs 4. For PhD: Registration letter
Present deposit amount		
Annual Fees if any		
Total amount paid at present		

Membership details:

New Membership No	Valid up to	Name and Sign of the Person Accepting the Form and Payment

Date _____

Librarian _____