

**GOVT. OF ASSAM**  
**OFFICE OF THE DIRECTOR OF TRAINING (CTI)**  
**ASSAM ADMINISTRATIVE STAFF COLLEGE**  
**JAWAHARNAGAR, KHANAPARA**  
**GUWAHATI - 22**

Membership No.

**LIBRARY MEMBERSHIP FORM**

I do hereby agree to abide by the Rules of the Library of Assam Administrative Staff College which I have seen and furnished below the required particulars about myself. Please enroll my name as one of your Library Member. I also agree not to make any loss or damage to the Library documents and other Library properties used by me during the period.

Date .....

Signature of the applicant and seal

Full Name ..... Designation..... Deptt.....

SO/DO/WO .....

Present Address.....

Profession ..... Phone No. ....

Particulars of Training Programme at AASC, if any .....

Permanent address or home address..... Village/Town.....

Police Station ..... Post Office .....

District and State..... Sub. Div. ....

E-mail ..... Phone .....

Forwarded / Recommended

Signature and seal of the head of the organisation

Receipt No. .... Book No. .... Amount..... Date .....

Librarian's Order .....

Librarian's Signature

Approval Order of the Authority