

**Indian Statistical Institute-Kolkata
Library Membership Application Form**

**ISI Cash
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Library Membership No:

Valid till:

Category:

ISI Membership No:

1. Full Name (in Capital letters with ISI Roll No , if applicable)			
2. Course details/Position with details of the Organization			
3. Permanent Address			
4. Communication Address			
5. Telephone	(Residence)	(Office)	(Mobile)
6. E- mail			

I hereby apply for the enrolment as a member of the Library of the Indian Statistical Institute, Kolkata with/without borrowing facility. I acknowledge that I have gone through the rules and regulations of the ISI Library and do hereby agree to abide by the rules. I will notify immediately in writing about any change of my address, telephone number(s), and/or email address. I will submit the money receipt, if applicable, at the time of withdrawal of Library Membership. I furnish above the required particulars about myself.

Date: _____

Signature of the Applicant: _____

<p>Certified that -</p> <p>1. The particulars filled in above has been verified from Official records and found correct. He/She may be enrolled as member of the Library.</p> <p>2. On the expiry of his/her accreditation or association with the ISI, last dues/certificate etc. will not be settled/distributed unless he/she produces a NO DUE CERTIFICATE from the library.</p> <p>3. This organization/institution undertakes responsibility for the safe return of Library books loaned to our staff as well as settlement of all dues. [Applicable for Library/Institute Membership].</p> <p>Signature of the Authority with date:-</p> <p>Name:-</p> <p>Phone No:-</p> <p>Address / Seal :</p>	<p><u>Personel Guarantor</u></p> <p>I personally know him/her and recommend that s/he may be allowed to join as a member of Library of the Indian Statistical Institute, Kolkata.</p> <p>In case s/he avoids to settle all dues as per the rules & regulations of the Library. I shall be responsible for return or replacement (in case of loss or damage) of the books borrowed by him/her and for payment of any dues payable by him/her to the library within the period prescribed by the Library. I also stand guarantee for his/her behavior and conduct.</p> <p>Signature of the Guarantor with date:-</p> <p>Name :-</p> <p>Phone No:-</p> <p>Address / Seal:-</p>
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Applicant	Endorsement Authority
ISI Workers, Visiting Scientist, Project Personnel	Head of the Division/Unit
Student of ISI Courses, Research Scholar	Dean of Studies
BTECH/BE Student of Regular Courses	Director/Principal/Vice-Principal of the College
PG Student of Regular Courses	Head of the Department
Student of Distance Education System	Director/Regional Director/Registrar

For Office Use

Membership Approval

Approved to join as a member of the Library for the Institute with/without lending facilities.

Signature of the Chief /Deputy Librarian with date: _____

Security Deposit :-

Deposited Rs..... (in words) _____

Receipt No & Date: _____

Signature of the Cashier: _____

Refund / Deduction :-

Refund/Deduct Rs (in words) _____

Signature of the Chief Librarian with date

Accounts / Cash Section :-

Refunded Rs (in words) _____

Signature of the Cashier with Date: _____