

**SNB LIBRARY**  
**S N Bose National Centre for Basic Sciences**  
**JD – Block, Sector – III**  
**Salt Lake, Kolkata - 700 098**

**MEMBERSHIP APPLICATION FORM**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Local Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Area of specialization/study: \_\_\_\_\_

I hereby undertake that I shall abide by the Rules and Regulations of the SNB Library.

Date: \_\_\_\_\_

-----  
Signature of the Applicant

**Recommendation by Head of the Unit**

I certify that the applicant is a member of the faculty/staff/temporary visitor/student /research fellow of the Centre.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(To be filled in by library staff only)

Membership No. \_\_\_\_\_

**SNB**

Date: \_\_\_\_\_

-----  
Signature of the Librarian