

**CH. BRAHM PRAKASH AYURVED CHARAK SANSTHAN**  
**GOVERNMENT OF NCT DELHI**  
**Khera Dabar, Najafgarh, New Delhi-110073**  
**City Office: 3 Warden Flats, M.A.M.C. Campus, Delhi-110002**  
Ph/Fax: +11 23236259/23239371, email: cbpayurved@yahoo.co.in

## Library Membership Form: Student

Lib. Membership No. \_\_\_\_\_ ID. No. \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

DOB \_\_\_\_\_

Class \_\_\_\_\_ Roll No. \_\_\_\_\_

Contact No \_\_\_\_\_

Present Address \_\_\_\_\_  
\_\_\_\_\_

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

E-Mail \_\_\_\_\_

Signature of Student

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### To Whom It May I Concern

This is stated that Mr/Miss \_\_\_\_\_ is a student of  
B.A.M.S. Roll no. \_\_\_\_\_. He/She may be issued \_\_\_\_\_ number of books  
from library.

Head Clerk

Head of Department

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### Library No Dues

This is certifying that Mr/Miss \_\_\_\_\_ student of  
B.A.M.S. Roll No. \_\_\_\_\_ has returned all the books and library cards issued to  
him/her. There are no dues against him/her from the library.

Assistant Librarian

Librarian

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## Library Membership Form: Staff

Lib. Membership No.

Date:

Date of Joining:

Department:

Designation:

Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

DOB \_\_\_\_\_

Contact No \_\_\_\_\_

Present Address \_\_\_\_\_

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

E-Mail \_\_\_\_\_

\_\_\_\_\_  
Signature of Staff

### To Whom It May I Concern

This is stated that Mr/Miss/Mrs \_\_\_\_\_ is working on the post of \_\_\_\_\_ in the institute/Hospital. He/She may be issued \_\_\_\_\_ number of books from library.

\_\_\_\_\_  
Medical Superintendent

### Library No Dues

This is certifying that Mr/Miss/Mrs \_\_\_\_\_ is working on the post of \_\_\_\_\_ in the institute/Hospital has returned all the books and library cards issued to him/her. There are no dues against him/her from the library.

Assistant Librarian

Librarian