

Assam College Librarians' Association (ACLA)
Registration No.: 164 (1977-78)
Established: 1973
Affiliated to: All India Federation of University & College Teachers' Organization Email: info@acla.org.in, Website: https://www.acla.org.in

APPLICATION FORM FOR NEW MEMBERSHIP/RENEWAL OF MEMBERSHIP

I request you kindly to enrol me as general member of ACLA. I undertake to abide by the postitution and rules and regulations of the Association.		
Thank you,	With Regards,	
	(Signature)	
	(To be filled by the Applicant)	
Name in Full	: (Dr./Mr./Mrs	
Gender (√)	: Male/Female:	
Date of Birth	: dd-mm-yyyy)	
Address	: Office:	
	Permanent Address:	
Designation ($$)	: Librarian /Librarian (Senior Grade)/Librarian (Selection Grade) Librarian (Associate Grade)/Other:	
Qualification	:	
Name of Your Coll	llege :	
Name of Your Libr	rary :	
Date of Joining to	Service:	
Phone Nos	: Office: Mobile No.:	
Email	<u>:</u>	
Fee Payment Rece	eipt: Transaction No.:Date:(Pls end	lose)