

# ALL BENGAL SCHOOL LIBRARIANS' ASSOCIATION



**Regd. No.- S/1L/37328**

**OFFICE:** - Dr.S.P.Mukherjee Institution, P – 277/CIT, Narkel Danga Main Road, Ful Bagan, KOLKATA –54, Cont. No. - +91 9883128047/ 9434229488 / 9331077101/ 9474013625

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## MEMBERSHIP FORM

1. Name of the candidate (in block letter).....
2. Date of Joining (first) ..... 3. Nature of Post.....
4. Qualification (at the entry level) .....
5. Enhancement, if any (pl. specify) .....
6. Name of the Institution.....  
Vill..... P.O..... Dist. ....  
Pin..... Tel. STD..... No.....
7. Residential address Vill..... P.O.....  
Dist. .... Pin..... Tel. STD..... No.....  
Mobile..... E-mail I.D.....
8. Date of retirement..... 9. Hobby.....
10. Previous service, (if any) name of the Institution .....
- Vill..... P.O.....  
Dist. .... Pin..... Tel. STD..... No.....
11. Membership of others Professional Association (if any, pl. specify) .....
12. Payment Details: Cash payment is acceptable or Bank Draft No. .... Amount  
(Rs.)..... (in words).....  
dated ..... Drawn on (Bank) .....
13. Opinion/suggestion .....

*The above noted information is true and actual to the best of my knowledge. I also declare that I have full faith & confidence with ABSLA and I am aware of the rules and regulations of the Association and accountable to abide by the same.*

Date: .....

Place: ..... (Signature in Full)

For Official Use: Money Receipt No. ...., Date .....

Signature of the Office bearer