

GOVERNMENT OF PAKISTAN  
ESTABLISHMENT DIVISION  
STAFF WELFARE ORGANIZATION  
**COMMUNITY CENTRE**

**APPLICATION FORM FOR MEMBERSHIP OF STAFF WELFARE LIBRARY**

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

I, \_\_\_\_\_ hereby apply for enrolment as a member of the Staff Welfare Library Aabpara Islamabad, I promise to abide the rules and general instructions enforced for the time being and furnish below the required particulars about myself. The annual subscription is also sent herewith.

1. Full Name (in block letters) : \_\_\_\_\_
2. Designation & BPS : \_\_\_\_\_
3. Name of Office & Address : \_\_\_\_\_
4. Telephone No : \_\_\_\_\_
5. CNIC No. (also attach attested copy) : \_\_\_\_\_
6. Full relationship if membership is required in the name of dependent : \_\_\_\_\_
7. Residential address : \_\_\_\_\_

**(SIGNATURE OF APPLICANT)**

**Endorsement by the Office / Department**

F. No. \_\_\_\_\_

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

The applicant is an employee of this office/department as \_\_\_\_\_. It is recommended that he/she may be allowed to join as a member of Staff Welfare Library Aabpara Islamabad. In the event of any loss or damage to the book(s) borrowed by him, this department will recover the full cost of the Book(s). in case he/she is resigned or discharged, he/she will be asked to obtain clearance certificate from the Staff Welfare Library Aabpara Islamabad before he/she is relieved off. A duplicate copy of his/her membership will be placed in his/her personal file after library endorsement for record.

\_\_\_\_\_  
**Signature of the Head of the Department**

Name & Seal \_\_\_\_\_

Telephone No. \_\_\_\_\_

**Librarian's Remarks**

Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) deposited on \_\_\_\_\_  
vide pay slip No. \_\_\_\_\_ dated \_\_\_\_\_ as usual subscription.

Signature of the Librarian