



**FEDERATION OF HEALTH SCIENCE LIBRARY ASSOCIATIONS  
FHSLA (INDIA)**

F-55, Saraswati Nagar, Near Jawahar Circle, Malviya Nagar, Jaipur (Rajasthan) – 302017

PHOTO

**MEMBERSHIP FORM**

Reg.: COOP/2018/JAIPUR/101028

<b>Year</b>	<b>Life Membership</b>																			
<b>Dr./Mr./Mrs./Ms. Name</b> (SURNAME, FIRST NAME, SECOND NAME)																				
Name of the Institution																				
Designation													Date of Birth							
Please Mark	Medical			Dentistry			Nursing			Any Other :										
<b>Office Address</b>										<b>Address for Communication</b>										
<i>(Tick any one to be considered as Address for Communication)</i>																				
<b>Town</b>				<b>District</b>				<b>Town</b>				<b>District</b>								
<b>State</b>				<b>Pin Code</b>				<b>State</b>				<b>Pin Code</b>								
Land Line No.							Land Line No.													
Mobile No.							Mobile No.													
E-mail ID.							E-mail ID.													

<b>Qualification</b>				<b>Total Experience in years</b>		
Area of Interest						
Reference Given By						
<b>Payment of membership fees Rs.....by Cash/Cheque/Demand Draft No..... dated.....</b> <b>Bank.....In favour of Federation of Health Science Library Associations (FHSLA)</b> <b>payable at Jaipur.</b> <b>Bank Details : Bank : Union Bank of India, Branch : SDMH, JAIPUR, Account No. 586102010006118</b> <b>IFSC Code : UBIN0558613                      MICR Code : 302026012</b>						

<b>DECLARATION</b>  I wish to become a Life/Annual member of Federation of Health Science Library Associations. I agree to abide the Rules, Regulations/Bylaws and Code of Ethics of the FHSLA. I further undertake that I shall uphold the name of the FHSLA by maintaining standards of integrity and professionalism in every walks of my life.  Place :  Date :	<b>FOR OFFICE USE ONLY</b>								
	Membership No.								
	Receipt No.				Date				
	Date of Approval								
	Receipt sent by	<u>C</u>	<u>P</u>	<u>I</u>	<u>O</u>				
	Certificate sent by	<u>C</u>	<u>P</u>	<u>I</u>	<u>O</u>				
Signature	Initial of Treasurer								

**Membership Fee:** Life Member: Rs.1500/- Filled application should be sent to:

**President-Federation of Health Science Library Associations, F-55, Saraswati Nagar,**  
**Near Jawahar Circle, Malviya Nagar, JAIPUR (India)-302017**  
**Tel: +9414310670, 9828700204    E-mail: fhslassociations@gmail.com**  
**C-Courier, P-Post, I-In person, O-Others**