



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

F-55, Saraswati Nagar, Near Jawahar Circle, Malviya Nagar, Jaipur (Raj.)-302017

Reg.: COOP/2018/JAIPUR/101028

INSTITUTIONAL MEMBERSHIP FORM

Year		ANNUAL MEMBERSHIP	Membership Ref.:									
Name of the Institution												
Note: Generally Librarian of the institute should be Institute representative												
Name of the Institute Representative												
Designation						Mobile No.						
E-Mail Id												
Land Line No						Fax No.						
<i>Note: For each institution i.e. Medical, Dental and Nursing separate membership is to be avail.</i>						Static IP (Please Mentioned Below)						
Please Mark	<input type="checkbox"/> Medical	<input type="checkbox"/> Dentistry	<input type="checkbox"/> Nursing									
Address for Communication												
Town					District							
State					Pin Code							

Payment of membership fees Rs.....by cash/ Cheque /Demand Draft. no..... dated
Bank.....In favour of Federation of Health Science Library Associations (FHSLA)
payable at Jaipur.
OR by RTGS
Bank Details : Bank : Union Bank of India, Branch : SDMH, JAIPUR , Account No.-586102010006118
IFSC Code : UBIN0558613 MICR Code : 302026012

DECLARATION		FOR OFFICE USE ONLY			
We wish to become a Annual Institutional member of Federation of Health Science Library Associations. I agree to abide the Rules, Regulations/Bylaws and Code of Ethics of the FHSLA time to time inforce.. Place : Date : Signature	Membership No.				
	Receipt No.		Date		
	Date of Approval				
	Receipt sent by	C	P	I	Q
	Certificate sent by	C	P	I	Q
	Initial of Treasurer				

Annual Institutional Membership Fee: INR 5500/-

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, Q-Others