

# DEFENCE CENTRAL LIBRARY



## MEMBERSHIP FORM

### PERSONAL INFORMATION

Name: \_\_\_\_\_ (IN CAPITAL LETTERS)

Father/Husband's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Profession: \_\_\_\_\_ N.I.C.

Address: Office/Institution \_\_\_\_\_ Residential \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

DHA Membership No./Staff No./Service No. \_\_\_\_\_  
(Ignore which ever is not applicable)



### DEPENDENTS

Name of Spouse (Husband/Wife) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(When membership of spouse is required only)

Name of dependent members upto the age of 26 years for sons and 28 years for unmarried daughters.

S#	Name	Relation	D.O.B.	Institution	Remarks

### Please submit following with the membership form: -

- a. Two passport size photographs and attested photocopy of NIC of each dependent.
- b. Attested photocopy of Form B ( ⇐ ) or birth certificate for children under 18 years of age.
- c. DHA members to attach photocopy of valid DHA Membership card or verify their membership from Transfer & Record Directorate DHA Main Office. DHA employees to verify the membership form from respective Directorate/Branch: -

Verified and Recommended / Not Recommended

It is verified that,  
Mr/Mrs/Miss. \_\_\_\_\_  
is a member of DHA and his/her  
membership No is \_\_\_\_\_

Office Seal: \_\_\_\_\_  
Date: \_\_\_\_\_ (Signatures)

DCL SECRETARY'S REMARKS

Category \_\_\_\_\_ membership is allotted.

Date: \_\_\_\_\_ Secretary, DCL