



**Bharatiya Vidya Bhavan**  
Kulapati K.M. Munshi Marg, Mumbai – 400 007  
www.bhavanslibrary.org

**Munshi Saraswati Mandir Granthagar**  
Tel: (Dir) 23624462, (Board)23634462/63/64 Ext. 226  
Mobile: 9321388031, librarybhavans@gmail.com

## Guest Membership Form

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

The Librarian,  
Munshi Saraswati Mandir Granthagar.  
Mumbai – 400 007

Dear Sir/Madam,

I request you to enroll me as a Guest Member of Bhavan's Library for \_\_\_\_day(s) /  
\_\_\_\_ week(s) / \_\_\_\_\_ (months).

I have read the rules of the Library and agree to abide by them.

Yours faithfully,

\_\_\_\_\_  
(Signature)

**Name:** Shri/Smt/Kum \_\_\_\_\_  
(In BLOCK) First Middle Last

**Address:**

\_\_\_\_\_  
(In BLOCK)

Pin Code: \_\_\_\_\_

**Date of Birth (dd-mm-yyyy):** \_\_\_\_\_ **Tel No:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

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

**Student: College Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

(College Name, Address & Class)

(Please attach Copy of College ID card)

**Occupation: Institution Name:** \_\_\_\_\_ **Designation / Dept** \_\_\_\_\_

(Please attach Proof of Employment)

**Details of Reference Requirement:** \_\_\_\_\_

### For Office Use Only

**Proof of Identity / Age / Residence (self-attested photocopies from the following as applicable)**

Aadhar ID  Election ID  Passport  PAN Card

Driving License  Tel/Electricity Bill  Birth Certificate  Ration Card

College ID  Occupation Affiliation ID / Proof

Received by: \_\_\_\_\_ Scrutinized by: \_\_\_\_\_

### **Fees Paid**

Name: \_\_\_\_\_ Type: \_\_\_\_\_

Fees: Rs \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_

Valid Up to: \_\_\_\_\_

Library In-Charge \_\_\_\_\_