

PERSONAL INFORMATION MEMBERSHIP FORM (Civilians)

Name _____	Blood Group _____	Photo
Father/Husband Name _____		
Date of Birth _____	CNIC _____	
Profession _____		
Address	Office/Institution	Residence
_____ _____ Telephone _____	_____ _____ Telephone _____	_____ _____ Telephone _____
Permanent Address _____		
Mobile _____ Email _____		

UNDERTAKING

I have read and understood all the rules, regulations and instructions for PNCL members and shall abide by these. I also undertake that I shall compensate for any damage or loss to library / books / periodicals incurred by me.

Signature _____ Name _____ Date _____

Recommendation by Naval Officer/Gazetted Officers

The applicant is known to me and I recommend him/her for the PNCL membership

Stamp	Signature _____
	Rank / Name _____
	P.No _____
	Unit _____
	Contact # _____

- Please submit following with the membership form:-
1. Two 1" x 1" size photographs
 2. Photocopy of Applicant's CNIC
 3. Rs. 1000/- as Registration Fee
 4. Rs. 300/- as Monthly Membership Fee
 5. Domicile/PRC (attested copy)
 6. Route Map
 7. Utility Bill (copy)

Director