

PERSONAL INFORMATION

MEMBERSHIP FORM (CPOs / Sailors)

O.No _____ Rate _____	Photo
Name _____	
Father/Husband Name _____	
Date of Birth _____ CNIC _____	
Branch _____	
Address _____	Residence _____
<div style="border: 1px solid black; border-radius: 15px; padding: 5px; margin: 5px;"> Office _____ _____ Telephone _____ </div>	<div style="border: 1px solid black; border-radius: 15px; padding: 5px; margin: 5px;"> Residence _____ _____ Telephone _____ </div>
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 CO / HOD

I recommend him for the membership of PNCL.

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 NIC

Director