

PERSONAL INFORMATION	MEMBERSHIP FORM (OTHER SERVICES)	
P.NO _____ Rank _____	Photo	
Name _____		
Father/Husband Name _____		
Date of Birth _____ CNIC _____		
Branch _____		
Address	<b>Office / Unit</b>	<b>Residential</b>
	_____ _____ _____ Telephone _____	_____ _____ _____ Telephone _____
Permanent Address _____		
Mobile _____ Email _____		
<b>UNDERTAKING</b>		
I have read and understood all the rules, regulations and instructions for PNCL members and shall abide these. I also undertake that I shall be responsible for any damage or loss to library / books / periodicals incurred by me and any of my dependents.		
Signature _____ Name _____ Date _____		
<b>Recommendation by Naval Officer/Gazetted Officers</b>		
I recommend him/her 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      5. 2 x Photocopies of NIC 2. Photocopy Domicile/PRC            6. Route map 3. Rs. 1000/- as Registration Fee      7. Utility Bill (copy) 4. Rs. 150/- as Monthly Membership Fee		
		Director