

PERSONAL INFORMATION

MEMBERSHIP FORM (PN Civilians)

P.NO _____ Grade _____	Photo	
Name _____		
Father/Husband Name _____		
Date of Birth _____ CNIC _____		
Profession _____		
Address	Office	Residence
<div style="border: 1px solid black; border-radius: 15px; padding: 5px; min-height: 100px;"> _____ _____ _____ Telephone _____ </div>	<div style="border: 1px solid black; border-radius: 15px; padding: 5px; min-height: 100px;"> _____ _____ _____ 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/her for the membership of PNCL.

Stamp	Signature _____ Rank / Name _____ P.No _____ Unit _____ Contact # _____
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Please submit following with the membership form:-

1. Two 1" x 1" size photographs
2. Photocopy of NIC

Director