

PERSONAL INFORMATION MEMBERSHIP FORM (Civilians)

Name _____	Blood Group _____	Photo		
Father/Husband Name _____				
Date of Birth _____	CNIC _____			
Profession _____				
Address _____	Office/ Institute _____	Residence _____		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> _____ _____ Telephone _____ </td> <td style="width: 50%; padding: 5px;"> _____ _____ Telephone _____ </td> </tr> </table>			_____ _____ Telephone _____	_____ _____ 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 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 | 5. Domicile/PRC (attested copy) |
| 2. Photocopy of Applicant's CNIC | 6. Route Map |
| 3. Rs. 1500/- as Registration Fee | 7. Utility Bill (copy) |
| 4. Rs. 6000/- as Yearly Membership Fee | |

Director

For Office Use Only

Register / Page # _____ Signature _____