

PERSONAL INFORMATION	MEMBERSHIP FORM (OTHER SERVICES)	
P.NO _____ Rank _____	Photo	
Name _____		
Father/Husband Name _____		
Date of Birth _____ CNIC _____		
Branch _____ Blood Group _____		
Address	Office / Unit	Residential
	_____ _____ _____ Telephone _____	_____ _____ _____ Telephone _____
Permanent Address _____		
Mobile _____ Email _____		
UNDERTAKING		
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 _____		
Recommendation by CO / HOD / Naval Officer		
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 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. 3000/- as Yearly Membership Fee		
		Director