

Institute of Health Systems
 [Registered (No. 3748/90) under the AP Telangana Area Public Society Act 1350]
 Application for Library Associate Membership

To:
 Institute of Health Systems
 HACA Bhavan, Hyderabad, AP 500004, India
 Tel: 91-40-3210136, 3210139, 3211013, 3211014
 Fax: 91-40-3241567
 Email: library@ihernet.org.in
 Web: <http://www.ihernet.org>

Category:
 Associate:

Monthly	Yearly	Life
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I. NAME IN FULL (In Capital Letter)

Smt/ Sri	Last Name (Surname)	First Name	Middle Name	Disignation (Profession)

II. RESIDENTIAL ADDRESS:

III. OFFICE ADDRESS

	House Name/No.	
	St/Road Name	
	Area	
	City	
	Pincode	
	Phones	
	E-mail	

IV. ACADEMIC QUALICATIONS:

Degree/Diploma	Year	Subjects	Institution	University

V. WORK EXPERIENCE:

From	To	Assignment or Post	Field Study and Work Experience

VI. DETAILS OF APPLICATION FEE PAID:

VI. PROPOSER & SECONDER

Name	Membership No.	Signature
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Proposer

Secunder

I have read the memorandum of Association and rules of the Institute and agree to abide by them.

PLACE:

DATE:

SIGNATURE