

INDIAN PHARMACOPOEIA COMMISSION

Ministry of Health & Family Welfare Government of India
Sector-23, Raj Nagar, Ghaziabad- 201 002

LIBRARY MEMBERSHIP REGISTRATION FORM

MEMBERSHIP NO.: _____
(For library use only)

CATEGORY- REGULAR EMPLOYEE

I would like to become a Member of the Library & Information Centre of Indian Pharmacopoeia Commission. My particulars are as given below:-

Name (in capital letters): _____

Designation: _____

Division: _____

Residential Address: _____

Mobile Number: _____ **Email: -** _____

Telephone (Office): _____ **Extn. No.** _____

I have gone through the rules & regulations of the Library & Information Centre of Indian Pharmacopoeia Commission and hereby agree to abide by these.

Date : __ / __ / ____

Signature _____

(For use in the Library only)

Checked and he/she may be enrolled as regular member of Library & Information Centre.

Checked by: _____ **Date:** _____ **Signature:** _____

Lib. & Information Officer