

DISTRICT COUNCIL FOR CHILD WELFARE

BAL BHAWAN, MODEL TOWN, REWARI, PH: 01274-223533

REGISTRATION FORM

FOR

Membership of E-Library

Name	:	_____	Paste Your Passport Size Colour Photograph Here
Father's Name	:	_____	
Date of Birth	:	_____	
Permanent Address	:	_____ _____	
Mobile No.	:	_____	
E-mail Address	:	_____	

Signature of Applicant

Declaration: I undertake to abide by the rules and regulations of the E-Library Membership.

Signature of Applicant

Note :- Please, enclose your one stamp size and one passport size photographs with this form for issuing of the E-library tickets.
