



MALABAR CANCER CENTRE

POST GRADUATE INSTITUTE OF ONCOLOGY SCIENCES AND RESEARCH

(An autonomous centre under Govt. of Kerala)

Moozhikkara (PO), Thalassery, Kannur-670 103

Ph: 91 490 2355881, Fax: 91 490 2355880

APPLICATION FOR MEDICAL LIBRARY MEMBERSHIP

I request that I may be enrolled as a member of the Medical library at MCC. I promise to obey all its rules and regulations which I have read overleaf of this application and signed

1.	Full Name (Capital Letters)				<i>Photo</i>
2.	Roll No/ID No		Gender		
3.	Category		Department		
4.	Correspondence Address				
5.	Permanent Address				
6.	E mail ID				
7.	Mobile No.		Land line No		
8.	Office No/Extent No				

Date

Signature of the applicant

I, the undersigned recommend that
be enrolled as a member of the Medical Library at MCC. The information furnished by him/her has been verified by my office and found correct. I accept responsibility for due return of such books as are issued to him/her.

Signature and seal of Recommending Authority

Received Membership card

Medical Librarian

Signature

Signature

