



KARNATAKA GOVERNMENT HEALTH SCIENCES LIBRARIANS ASSOCIATION®

Dr.Swamy Nayaka C K., Secretary, Chief Librarian, Kodagu Institute of Medical
Sciences, Abbe Falls Road, Madikeri - 571201. Mobile: 77603 14105

E-mail: secretarykghsla2025@gmail.com <https://www.kghsla.org>

MEMBERSHIP APPLICATION FORM

1. Personal Details:

Full Name (in block letters): _____

Gender: Male Female Other

Date of Birth: ____ / ____ / ____

Mobile Number: _____

Email ID: _____

2. Professional Details:

Designation: _____

Department/Library Name: _____

Institution Name: _____

Type of Institution:

Government Medical College

Government Dental College

Government Pharmacy College

Government Nursing College

Other Health Sciences Institution

College Address: _____

3. Qualification Details:

Highest Qualification: _____

Specialization (Library & Information Science): _____

Additional Certifications (if any): _____

4. Membership Category:

Life Membership

5. Eligibility Declaration:

I hereby declare that I am a **Health Sciences Librarian working in a Government Health Sciences Institution** and eligible for membership in KGHSLA.

Signature: _____

Date: ____ / ____ / ____

6. Payment Details:

Amount Paid: ₹ _____

Mode of Payment: Cash UPI Bank Transfer Transaction ID / Receipt No.: _____

Date of Payment: ____ / ____ / ____

7. For Office Use Only

Membership ID: _____

Category Approved: _____

Date of Approval: ____ / ____ / ____

Validity: From ____ / ____ / ____ To ____ / ____ / ____

Authorized Signature: _____

Seal of Association:

Membership is strictly limited to Health Sciences Librarians working in Government Institutions.