



# KARNATAKA GOVERNMENT HEALTH SCIENCES LIBRARIANS ASSOCIATION (R).

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## Membership Application Form: For Book Vendors / Suppliers / Journal & Periodical Publishers - Health Sciences Only.

### 1. Applicant Details:

Name of the Firm / Organization: \_\_\_\_\_

Type of Organization (✓):

Book Vendor  Supplier  Journal Publisher  Periodical Publisher

Name of Authorized Representative: \_\_\_\_\_

Designation: \_\_\_\_\_

### 2. Eligibility Criteria:

Membership is restricted to firms dealing exclusively or primarily in Health Sciences (Medical, Dental, Nursing, Pharmacy, Allied Health Sciences) publications and supplies.

Area of Specialization (✓):

Medical  Dental  Nursing  Pharmacy  Allied Health Sciences

Brief Description of Products/Services: \_\_\_\_\_

### 3. Business Registration Details:

Registration Number: \_\_\_\_\_

GST Number: \_\_\_\_\_

PAN Number: \_\_\_\_\_

Year of Establishment: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

### 4. Contact Information:

Office Address:

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ PIN Code: \_\_\_\_\_

- Mobile Number: \_\_\_\_\_
- Landline (if any): \_\_\_\_\_
- Email ID: \_\_\_\_\_
- Website (if any): \_\_\_\_\_

### 5. Experience & Institutional Association:

Total Years of Experience in Health Sciences Sector: \_\_\_\_\_

List of Medical/Health Sciences Institutions Served (Attach additional sheet if required):

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## 6. Documents Submitted (✓)

- Registration Certificate
- GST Certificate
- PAN Card Copy
- Company Profile / Catalogue (Health Sciences Publications/Supplies)
- Client List (Medical/Health Sciences Institutions)
- Authorization Letter (if applicable)
- Any Other: \_\_\_\_\_

## 7. Membership Category & Fee Structure:

Membership Fee Details:

Initial Membership Fee: ₹25,000/- (One-time)

Annual Renewal Fee: ₹5,000/- (Mandatory for continuation)

Payment Details:

Amount Paid: ₹ \_\_\_\_\_

Mode of Payment:  Cash  DD  Online  UPI

Transaction / DD No.: \_\_\_\_\_ Date: \_\_\_\_\_

## 8. Declaration:

I/We hereby declare that the information provided is true and correct. I/We confirm that our firm deals in Health Sciences-related books, journals, periodicals, or supplies. I/We agree to abide by the rules and regulations of the *Karnataka Government Health Sciences Librarians Association (R)*.

- **Signature of Applicant:** \_\_\_\_\_
- **Name:** \_\_\_\_\_
- **Seal of Firm:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 9. for Office Use Only:

Application Received Date: \_\_\_\_\_

Verification Status:  Verified  Pending  Rejected

Membership Approved / Rejected: \_\_\_\_\_

Membership Number Issued: \_\_\_\_\_

Validity Period: From \_\_\_\_\_ To \_\_\_\_\_

Authorized Signatory: \_\_\_\_\_

Designation: \_\_\_\_\_

Seal: \_\_\_\_\_

## 10. Important Instructions:

1. Membership is granted only to Health Sciences-related vendors/suppliers/publishers
2. All documents must be self-attested
3. Incomplete applications will be rejected
4. Membership certificate will be issued after verification and approval
5. Annual renewal is mandatory to maintain active membership status.

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