



NATIONAL TALKING BOOK LIBRARY
NATIONAL INSTITUTE FOR THE VISUALLY HANDICAPPED
(Under Dept. of Empowerment of Person with Disability)
116, Rajpur Road , Dehradun- 248001 (U.K.), 9027429610

APPLICATION FORM FOR MEMBERSHIP

1. Name (in Block Letters) :
2. Father's Name :
3. Gender :
4. Caste Category :
5. Type of Disability if any :
6. Address :
.....
.....
7. Adhaar Card (Photocopy) :
8. Telephone / Mobile No. :

Please enclosed the photocopy of disability certificate.

As per rules of NIVH I am sending membership fee money amount of Rs.....(Rupees
.....) through Cash/ Demand Draft/ Money order in favour of
Director NIVH (Details of DD Name of Bank ,Date)

That I promise to abide by the rules and regulations as framed by NIVH from time to time.

Date :

Sign. Of Applicant:

(Note: For individual Membership Rs.100/- and Institutional Membership Rs.500/-)

**NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH
VISUAL DISABILITIES (DIVYANGJAN)**

Department of Empowerment of Persons with Visual Disabilities
Ministry of Social Justice & Empowerment (Government of India)
116, Rajpur Road, Dehradun - 248 001 (UTTARAKHAND)
Ph: 0135 - 2735673; email: braillelib@gmail.com

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BRaille LIBRARY MEMBERSHIP FORM

S.No.	Particulars	Details
1.	Membership Number सदस्यता संख्या	
2.	Name / नाम	
3.	Father's/Husband Name/पिता/पति का नाम	
4.	Date of Birth (Age) / जन्म तिथि (आयु)	
5.	Sex / लिंग	
6.	Aadhaar Number / आधार संख्या	
7.	Mobile Number / मोबाइल संख्या	
8.	Permanent Address / स्थायी पता	
9.	Correspondence Address / पत्राचार का पता	
10.	Occupation/Class (if student) / व्यवसाय / कक्षा (यदि विद्यार्थी हो)	
11.	Subject of Interest / रुचि का विषय	
12.	Language in which books are required/ भाषा जिसमें पुस्तकों की आवश्यकता है	

I hereby certify that I had gone through the rules of membership of National Braille Library and agree to abide by them.

मैं उपरोक्त एतद्वारा प्रमाणित करता हूँ कि मैंने राष्ट्रीय ब्रेल पुस्तकालय की सदस्यता के नियम भली भाँति जान लिए हैं और मैं उनका पालन करने पर सहमत हूँ।

Dated/दिनांक:

Place/स्थान:

(Signature of Applicant/आवेदक के हस्ताक्षर)