



**CENTRAL POWER RESEARCH INSTITUTE  
Bangalore**

**Library and Information Centre  
Membership Form**

Emp. No.: .....

Name of Member: .....

Division: .....

Designation: .....

Address: .....

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Date of Joining: .....

Date of Leaving: .....

Mobile No: ..... Office No: .....

Email-Id: .....

Signature of Member

Date:

Signature of Div. Head.

Date:

Office Use Only

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(Asst. Librarian)

Note: [library@cpri.in](mailto:library@cpri.in) Phone no. 2312