



**CHITTARANJAN NATIONAL CANCER INSTITUTE**  
(An Autonomous Institute under Ministry of Health and Family Welfare, Govt. of India)  
**CENTRAL LIBRARY**

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**Application for Central Library Membership/ e-Library**

I request you to enroll me as a member of the Central Library, and Online Database user, CNCI Central Library, Kolkata. I undertake to abide by the library and Online Database uses rules as applicable from time to time.

Name: \_\_\_\_\_

Department: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_ Date of Joining/Admission: \_\_\_\_\_

(DD/MM/YYYY)

(DD/MM/YYYY)

\*Contact number: \_\_\_\_\_ \*Email ID: \_\_\_\_\_

I agree to abide by the Central Library / Database users regulations.

**Date:**

**Signature of the applicant**

**Signature of the HOD**

Please attach  
recent passport  
size color  
photograph

**CNCI**