BENGAL LIBRARY ASSOCIATION
P134, C.I.T. SCHEME 52, KOLKATA – 700014
Phone - 8276032102

Application Form for Koha Training Course

Course No……………………….   Commencing date………………………….

Name of the Applicant (In Block letters)   : ……………………………………………………………

Name of the Father / Husband   : ……………………………………………………………

Date of Birth   : ……………………………………………………………

Permanent Address (In Block letters)   : …...

………………………………………………………………..

………………………………………………………………

…..………………………………………………………..

Contact No.   : …..………………………………………………………..

Educational Qualification   : …..…………………………………………………………...

Professional Qualification   : …...…………………………………………………………

Present status (Please tick)   : Working person / Unemployed/ Student / Any others

If employed, Name of the Institution   : ………………………………………………………………

………………………………………………………………..

Whether deputed or not   : Yes / No

BLA Membership (Please tick)   : Life Member / Ordinary Member / Not a Member

Whether a student of BLA (Please tick)   : Current student / Ex-student / Not a student

Date……………………..   ..…………………………………………………………

Full Signature

For Office use only :

Amount received: …………………   Receipt No.: ………………..   Date: …………………..

……………………………………

Signature