

BENGAL LIBRARY ASSOCIATION

P134, C.I.T. SCHEME 52, KOLKATA – 700014

Phone – 033-6533-2102

Application form for the Course on KOHA Software

Course No.....

Commencing date.....

Name of the Applicant (In Block letters) :

Name of the Father / Husband :

Date of Birth :

Permanent Address (In Block letters) :

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Contact No. :

Educational Qualification :

Professional Qualification :

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

If employed, Name of the Institution :

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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:

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Signature