**APPLICATION FOR MEMBERSHIP OF NFB KARNATAKA BRAILLE CUM TALKING LIBRARY**

To,

The Librarian

Braille cum talking library

NFB, Karnataka

Dear Sir,

I am a blind person and I request you to kindly grant me the membership of your library.

My personal Details/particulars are as under:

Name:...............................................................................................................................................

Father/Husband’s Name : ................................................................................................................

Age in years: .....................................................................................................................................

Sex:...................................................................................................................................................

Permanent Address; ........................................................................................................................

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Present Adress: ................................................................................................................................

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Ph.No.: ..............................................................................................................................................

Email ID: ...........................................................................................................................................

Acvadamic Qulification.......................................................................................................................

Occupation: ......................................................................................................................................

Mother Tongue:................................................................................................................................

Languages known: ............................................................................................................................

Interested in reading Braille books /talking book/both (Tick the right option)

Payment of membership fees (for life time): Rs.100/-

Mode of payment : by cash/M.O/D.D. (Tick the right option)

Date of fees paid:

Signature /LTI/RTI