

GOVERNMENT OF TAMILNADU
DIRECTORATE OF PUBLIC LIBRARIES
KALAIAGNAR CENTENARY LIBRARY,
MADURAI - 625002

Receipt Number :

Date :

Received
Form : Name here

the amount _____ **payed**
amount _____ **via** payment method
of Rs. _____

towards New
Membership Fee Amount
Fee _____

**Chief Librarian
and Information
Officer**