

FORM XIII
(See rule 8A (iv) (a) to (d))
KERALA LEGISLATURE SECRETARIAT
(CHILDREN'S LIBRARY)

**FORM FOR SEEKING PERMISSION TO CONSULT THE
CHILDREN'S LIBRARY**

(Students sponsored by MLA/MP/Ex-MLA/Ex-MP or Employee/Accredited
Journalist)

1. Full Name of Child:
(In Block Letters)

2. Age: Years. Date of Birth:

3. Parent's/Guardian's Full name:
(In Block Letters)

4. Name of the School:

5. Class/Division :

6. Address of the Parent/Guardian with Phone No.

(i) Permanent

(ii) Local (Thiruvananthapuram)

7. Name and Constituency of MLA/MP or Ex-MLA/Ex-MP who recommend the
student

(Attach a letter from the MLA/MP or Ex-MLA/Ex-MP)

8. Details of sponsoring Employee/Accredited Journalist

- Name :
- Designation & Phone No. :
- Department : Legislature/GAD/Finance/Law/
Accredited Journalist
- Library Card No./
ID Number of Journalist :
- Signature :

Paste a recent
Passport size
Photograph

I have read the rules and regulations of Children's Library of Kerala Legislature and agree to abide by the rules. My ward
..... (Name of Child) may be permitted to use the reference facilities in Children's Library of Kerala Legislature Library.

Place:.....

Date:.....

Signature of the Parent/Guardian

INSTRUCTIONS AND GENERAL CONDITIONS

1. Attach a recent passport size photograph (To be pasted on the Entry Pass) and a copy of school ID Card.
2. The entry pass for consultation in the Children's Library will be issued initially for one month. The Secretary of Kerala Legislature may extend the period if required.
3. The documents of Children's will be given for reference purpose only.
4. The decision regarding the admission to the Children's Library vested in the Secretary of Kerala Legislature will be final.

FOR OFFICE USE

Entry Pass No: _____

Date of Issue _____

Admitted/Rejected

Signature
(Chief Librarian/Librarian)
For Secretary

FORM XIV
(See rule 8A (iv) (e))

KERALA LEGISLATURE SECRETARIAT
(CHILDREN'S LIBRARY)

**FORM FOR SEEKING PERMISSION TO CONSULT
THE CHILDREN'S LIBRARY**
(Students sponsored by School)

1. Name of Child
(In Block Letters)
2. Age Years. Date of Birth:
3. Parent's/Guardian's Full name:
(In Block Letters)
4. Name of the School
5. Class/Division
6. Address of the Parent/Guardian with Phone No.

Paste a recent
Passport size
Photograph

(i) Permanent

(ii) Local (Thiruvananthapuram)

7. Details of Sponsoring School

Name of the school:

Address of the School:

Phone Number:

I have read the rules and regulations of Children's Library of Kerala Legislature and agree to abide by the rules. My ward
..... (Name of Child) may be permitted to use the reference facilities in Children's Library of Kerala Legislature Library.

Place:.....

Date:.....

Signature of the Parent/Guardian

CERTIFICATE FROM SPONSORING SCHOOL

Certified that (Name) is
a student of class
of
(Name of school) for the academic year He/she may be
permitted to use the reference facilities in Children’s Library of Kerala Legislature
Library.

Place:.....

Date:.....

(Office Seal)

Signature of the Head of the Institution

Instructions and General Conditions

1. Attach a recent passport size photograph (To be pasted on the Entry Pass) and a copy of school ID Card.
2. The entry pass for consultation in the Children’s Library will be issued initially for one month. The Secretary of Kerala Legislature may extend the period if required.
3. The documents of Children’s will be given for reference purpose only.
4. The decision regarding the admission to the Children’s Library vested in the Secretary of Kerala Legislature will be final.

FOR OFFICE USE

Entry Pass No: _____

Date of Issue: _____

Admitted/Rejected

Signature
(Chief Librarian/Librarian)
For Secretary.