

LOK SABHA SECRETARIAT
(PARLIAMENT LIBRARY)

FORM FOR SEEKING PERMISSION TO CONSULT THE CHILDREN'S CORNER OF THE
PARLIAMENT LIBRARY

1. Full Name of Child
(In Block Letters)
2. Father's/Mother's/Guardian's Full name.....
(In Block Letters)
3. Parent/Guardian's Occupation & Tel. No.....
4. Class
5. Date of Birth..... Age..... Years.....
6. Name of sponsoring MP/Employee
of LSS / RSS/ MPA/ School/NGO.....
7. Division No./Employee's code
8. Address:
(i) Local (Delhi).....
.....
(ii) Permanent.....
.....
9. Telephone Nos. (i) Residence:.....
(ii) School/NGO.....

Recent passport
size photograph
duly attested by
School/NGO

I have gone through the rules and regulations governing the grant of permission to my ward/child and agree to abide by these rules.

A letter from the sponsoring MP/ photocopy of the identity card of employee of Lok Sabha/Rajya Sabha Secretariat/Ministry of Parliamentary Affairs or letter from sponsoring school/NGO is enclosed.

Place:.....

Date:.....

(Signature of the Parent/Guardian/NGO)

INSTRUCTIONS

1. Attach a recent passport size photograph (To be pasted on the Entry Pass)
2. Attach photocopy of age proof of child
3. The Delhi address of the applicant should clearly be mentioned in the form
4. The entry pass for consultation in the Children's Corner will be issued initially for one month
5. The Children's Corner is for consultation only

FOR OFFICE USE

Issued Pass No. _____

Date of Issue _____

If rejected, state the reason _____

(Sign. of RO/DD)