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Library Central Institute of Forensic Science

Subscription Documents

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<input type="checkbox"/>	2 copy of 1-inch photo.	<input type="text"/>
<input type="checkbox"/>	Is a member of the Ministry of Justice.	<input type="text"/>

Personal Information

Name(Mr.,Mrs.,Ms.).....Lastname.....

Date of birth..... Month B.E.....Age..... sex

ID card -

Current address..... Village No..... Building..... Village / Soi.....

Road District.....Area / District.....

Province..... Zip code.....

Home phone number..... Phone number

E-mail address.....

Status ☐ official ☐ Government employees ☐ Permanent employee ☐

☐ Part time employee ☐ Trainee

Position..... Division / Bureau.....

Telephone Agency.....

* (Internship only) Duration of internship.....

University / Institute.....Major.....

Department Central Institute of Forensic Science

Office of the Secretary <input type="checkbox"/> General Administration Section <input type="checkbox"/> Finance Section <input type="checkbox"/> Procurement Section <input type="checkbox"/> Human Resource Management Section <input type="checkbox"/> Human Resource Development Section <input type="checkbox"/> Policy and Plan Section <input type="checkbox"/> Public Relations Section <input type="checkbox"/> Division of Missing and Unidentified Persons System Development <input type="checkbox"/> Division of Forensic DNA	Division of Forensic Investigation <input type="checkbox"/> Firearms and Physical Evidence section <input type="checkbox"/> Forensic Document Examination Section <input type="checkbox"/> Forensic Chemistry Section <input type="checkbox"/> Fingerprint Identification Section <input type="checkbox"/> Digital Forensic Section <input type="checkbox"/> Division of Forensic Science Standard <input type="checkbox"/> Division of Forensic Information Technology <input type="checkbox"/> Division of Forensic Science International Cooperation and Promotion	Division of Forensic Science Services <input type="checkbox"/> Forensic Pathology Section <input type="checkbox"/> Clinical Forensic Medicine Section <input type="checkbox"/> Forensic Psychiatry Section Division of Forensic Science Operation <input type="checkbox"/> Central Forensic Science Operation Section <input type="checkbox"/> Evidence Management Section
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I want...

I want to apply for a library membership. It will follow the regulations of the Institute of Forensic Science. And be responsible for the document. Publications borrowed from the library. If damaged. Or lost Will refund the value of the publication price. Including permission to disqualify. Including permission to disqualify.

- ☐ New Member
☐ Renewal
☐ Lost card

Sign..... applicant
(.....)
...../...../.....

Note: 1. The case is a civil servant. / Government employee / Permanent employee Copy of ID card. Or a government officer card attached to the application form.

2 The case is temporary. / Contractors / Trainee Submit your proof of ID card. With the card hanging all the time. Or student card Attach to membership application.

3. Complete the application form before submitting the application.

For inspectors.	<input type="checkbox"/> Full proof	<input type="checkbox"/> Fill out the application form.
Sign..... Date		
(.....)		

Card has been accepted

Sign..... applicant
(.....)
...../...../.....