

APPLICATION FORM FOR LIBRARY MEMBERSHIP

PLEASE FILL IN CAPITAL LETTERS

NAME: _____

DESIGNATION _____ DATE OF JOINING _____

PERMANENT ADDRESS: _____

PERMANENT TEL. WITH STD CODE _____

RESIDENCE MOBILE NUMBER _____

CURRENT ADDRESS: _____

(If any change from above) _____

CURRENT RES TEL NUMBER _____

PERSONAL MOBILE NUMBER _____

MEMBERSHIP ENROLLED: MEMBERSHIP NO. _____

UNDERTAKING

I hereby declare that above information is true to best of my knowledge and I shall solely responsible for safeguard of the books and other material issued to me. I fully understand that this membership is Non-transferable and any loss occurred to library from misuse of it will be borne by me.

SIGNATURE OF THE FACULTY/STAFF

For Office Use Only

I certify that above information is true as per the records of the employee and he/she is on rolls of the institute.

Manager - HR
Seal & Signature