

Application Form for LIBRARY MEMBERSHIP (STAFF)

1)	Name of Applicant	:
2)	Designation	:
3)	Department/Branch	:
4)	PEN	:
5)	E-mail id	:
6)	Mobile Number	:
7)	Date of joining in the institution	:
8)	Permanent Address (with PIN No.)	:

DECLARATION

I, the undersigned promise to obey all the library rules in force and I am responsible for the books issued on my membership card number. I will make good of any loss or damage to Books incurred by me and to give immediate notice of any change of residence

Place :

Date :

Signature

Recommended by :

Principal/Head of the Department.

FOR OFFICE USE ONLY

Membership Number:

Valid up to :

Librarian.