

LIBRARY & INFORMATION SERVICES

MEMBERSHIP FORM

I, the undersigned would like to apply for Library Membership as **Faculty/Student/Officer/Research Scholar/Staff**. I hereby undertake the responsibility to abide by rules of the library. In case of late return/loss or damage of any information resource borrowed by me, I am willing to pay the required amount.

Name in full Mr/Miss/Mrs : _____

Permanent Address:

Present Address

Telephone No.(R), Mobile :

E-mail ID :

Date: _____

Signature: _____

I recommend that Mr./Miss/Mrs.: _____

1st Year/ 2nd Year / may be given library Membership for the year _____

Sr. Lib. & Inf. Asst. (Circulation)

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