

## Library membership form for staff

**Date:** \_\_\_\_\_

**Employee Id No.:** \_\_\_\_\_

**Member Type:** Teaching  Non- Teaching  Visiting Faculty

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**NAME** (Block Letters) \_\_\_\_\_

**Present Address:** \_\_\_\_\_

\_\_\_\_\_ **State:** \_\_\_\_\_ **Pin Code:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

\_\_\_\_\_ **State:** \_\_\_\_\_ **Pin Code:** \_\_\_\_\_

**E-mail ID:** \_\_\_\_\_

**Mobile No.:** \_\_\_\_\_

**Membership Validity:** From: \_\_\_\_\_ to \_\_\_\_\_

**Declaration:**

I accept that any borrowed Books, Journals/Magazines, etc. will be returned or reissued on or before the due date.

I have read all the rules and regulations of the library. I will strictly follow all the rules of the library.

**Applicant Signature**

**Librarian Signature**

I recommended Dr./Prof./Mr./Ms. \_\_\_\_\_  
may be given Library Membership.

**Date:** \_\_\_\_\_

**Director's Signature** \_\_\_\_\_