

Library membership form for staff**Date:** _____**Employee Id No.:** _____Paste Your
Recent Photo**Member Type:** Teaching ☐ Non- Teaching ☐ Visiting Faculty ☐**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** _____