



CENTRAL LIBRARY

Membership Form – Staff

NAME (CAPITAL)
DEPARTMENT
DESIGNATION
DATE OF JOINING
EMAIL ID
ADDRESS
Mobile No:
PHONE NO: (Res.)
SIGNATURE DATE:

Certified that the applicant is a staff / Faculty of this Department.

Date :

Dept. Seal :

HOD Signature

Library Use:

No. Of Cards	Date of Issue	Issuing Authority
6 2		

Received _ Cards

Signature of Staff / Faculty

LIBRARIAN