



पुस्तकालय/Library

Photo

Membership Form

Name:- _____ Roll No./ Employee ID:- _____

Category (Student/Faculty/Staff):- _____ Department:- _____

Course (If Student):- _____ Session:- From _____ to _____

Designation (If Faculty/ Staff):- _____ Tenure:- From _____ to _____

Father Name:- _____ Date of Birth:- _____

Email ID (Official) _____

Email ID (Personal i.e gmail, yahoo):- _____

Contact No.:- _____ Guardian Contact No. _____

Permanent Address:- _____

District:- _____ State:- _____ Pin:- _____

Local Address:- _____

District: - _____ State: - _____ Pin:- _____

Name of Supervisor/ Project In-charge (If PHD/ Project Emp.): - _____

Date _____ Signature _____

Name HOD/ Supervisor _____ Signature _____

For Library Use

Submit Date:- _____ Category:- _____ Privileges:- _____

Borrower Number:- _____ SOUL/ Koha ID:- _____

Library Staff Sign with Date

LIO