



Photo

LIBRARY MEMBERSHIP APPLICATION FORM

Membership Type : _____

Name (in block letters) : _____

Profession : _____

Work Address : _____

(Provide name and address

of institution/ department) _____

For Students : Level : _____ Year : _____ Roll no. : _____

Permanent Address : _____

Mailing Address : _____

Phone : (Off.) _____ (Res./Mob.) _____

Fax : _____

Email : _____

PLEDGE

I hereby undertake not to remove from the Library, or to mark, deface, or injure in any way, any volume, document, or other object belonging to it or in its custody; and I promise to obey all the regulations of the Library.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Membership no. : _____

Date of Enrolment : _____

Receipt no. & Date : _____

Expiry Date : _____

Vouched by : _____

Renewed : i) From : _____

Till : _____

ii) From : _____

Till : _____

iii) From : _____

Till : _____

iv) From : _____

Till : _____

Authorised Signature

To be filled in by the voucher

I hereby declare that by vouching for _____ I
will be fully responsible for his/her actions in the Library and in the event of any damage to Library property I
will undertake to ensure the damage is paid for either by the applicant or by myself personally.

Name: _____

Profession: _____

Work address: _____

Home Address: _____

Mailing Address: _____

Phone: _____

Fax: _____

Email: _____

Signature and office seal

Date