



## 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