

## Membership Form for the Faculty Members & Residents

Name:

Date of Joining (DD/MM/YYYY):

Department:

Designation:

Permanent Address:

Mobile Number:

Email Id:

Person to contact if you are unreachable:

Mobile Number of the Contact Person:

Forwarded by the Head of the Department:

### Declaration

Upon receiving the membership of the Central Library, I shall always abide by the library rules in the Library premises.

Signature with Date