

**Membership Form for the Staff & Students of Sree Gokulam  
Nursing College & Sree Gokulam Institute of Paramedical  
Sciences and for the visiting faculty / students.**

**Name:**

**Faculty or Student:**

**Full Name of the Institution:**

**Designation & Department (For Faculty):**

**Current year of Studying & Course (For Students):**

**Mobile Number:**

**Email Id:**

**Person to contact if you are unreachable:**

**Mobile Number of the Contact Person:**

**Recommended by the Head of Your Institution:**

**(Signature with seal)**

**Approved by Principal / Dean of SGMC & RF:**

**(Signature with seal)**

**Declaration**

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

**Signature with Date**