

LIBRARY
Membership Form for Staff

Passport
Size
Photograph

Date: _____

Name of Applicant (IN CAPITAL): _____

Gender (Male / Female/Other): _____ **Date of Birth:** _____

Staff ID No: _____ **Date of Joining:** _____

Department: _____ **Designation:** _____

Correspondence address: _____

State: _____ **PIN:** _____

Phone / Mobile No: _____ **E-Mail ID:** _____

Declaration and Undersigned: I, _____, undertake the following:

1. I shall be responsible for the books borrowed from the Library.
2. In case of loss of books/other reading material issued to me, I will replace the newbook/pay the replacement value of the book cost assessed by the Library.
3. I shall return all the books borrowed within due date failing which the fine (overdue)accumulated may be charged for the book at the rate of Rs. 1/- per day.
4. I will update Library of any change in my notice.
5. I agree to abide with all the rules and regulations of the Library and make goodany loss or damage of any library resources borrowed by me.

Signature of the applicant

Head of the Department

Principal