



Title : LIBRARY MEMBERSHIP FORM FOR STAFF

L/P/18/01

Date:

Respected Sir,

I wish to avail of the library facility, I kindly request you to permit me to use library facility, I shall abide by the rules of the library. My particulars are as follows:

Full Name ( Surname first) :-----  
( In Block Letters)

Date of Birth :\_\_\_\_\_ Blood Group:\_\_\_\_\_

Department :-----

Designation :-----

Appoint Order No. :-----

Nature of Order & Period : Permanent / Advoc / Visiting ( )

Emp. No :-----

Permanent Address :-----

Phone No/Contact No :-----

Email ID :-----

Local Address :-----

Phone No/Contact No :-----

Yours faithfully,

( Signature of Staff )

Recommended by

Signature of H.O.D./ Library Committee Member

Membership sanctioned:- Yes / No

Librarian