



Application Form of Library Membership for Staff

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For Library use only – Library Member ID :

Please Fill in Capital Letters only.

First Name

Middle Name

Sur Name

Full Name of the Staff :

Qualification :

Designation :
(As entered in offer letter or appointment order copy)

Regular Visiting

Department :

Blood Group :

Date of Birth :

Biometric Impression No. :

Email ID :

Mobile or Phone No. :

Present Address :

Permanent Address :

Signature of the Staff with in the Box

Date:

Signature of the HOD

PRINCIPAL

LIBRARIAN