

LIBRARY MEMBERSHIP FORM

[NOTE : Fill All the Details in Block Letters Only]

EMP. ID. NO. :

Name of the Applicant :

Surname :

Designation :

Department :

Present Address :

Permanent Address :

Official E-Mail ID :

Mobile No. :

Signature of the Applicant

Admission Confirmation

Mr/Ms. _____ is joined in the Department of _____ bearing the Emp. ID _____

Signature of the AO with Seal

This is to Certify that the applicant is an employee of the organization. He/She may be admitted as a Library Member.

Librarian