



DIET LIBRARY MANJUR - 623 707

Library Membership Form for Teacher's/Staff's

Name of the Candidate :
Father's Name :
Date of Birth :
Designation :
Sex :
Permanent Address :

Affix

Recent Passport
size Photograph

Address for Communication :

Email Id :

Contact Number :

Declaration

I, the undersigned would like to apply for Library Membership as student. The information given above is true to the best of my Knowledge. I here by undertake the responsibility to abide by rules of the Library notified time to time. In case of Late return or Loss or Damage of any information resource borrowed by me. I am willing to pay the required amount .

Place :

Signature of the Teacher's/Staff's

Date :

Recommended by the Principal

Librarian