

## **LEARNING RESOURCE CENTER**

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## **Library Membership Form**

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Department/Branch: (Please Tick)																					
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Permanent Address																					
District				State							PIN										
E-Mail* (Use capital letters only)																					
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The information furnished above are true to the best of my knowledge and I agree to abide by the library rules and regulations.  Date:/														he							
(Signature of the Applicant) (Signature												ture	of t	he F	iod)	)					
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