**Please Tick Your Category**

|  |  |  |  |
| --- | --- | --- | --- |
| **Teaching** |  | **Non-Teaching** |  |

I hereby apply for the membership and permission to borrow books and other Information materials from the Learning Resource Center.

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**LEARNING RESOURCE CENTER**

**Library Membership Form**

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Name: \_ Male/Female (tick)

(***Surname /Forename)***

Date of Joining \_/\_ \_/\_ Employee Code \_

Designation \_ Department. Area of Interest

Permanent Address \_

 \_\_ District State \_\_PIN E-Mail Mob.\_ \_

The information given above are true to the best of my knowledge and I agree to abide by the Library Rules.

Signature of the Applicant

Date \_/\_ / Signature of the HOD

**…………………………………………………………………………………………………………………………………………………….**

**For LRC Use Only**

Membership No: Membership Type Date: / / \_

**Circulation In-Charge Librarian**