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LEARNING RESOURCE CENTER

Library Membership Form

Please Tick Your Category

Teaching		Non-Teaching	
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PASTE HERE A
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I hereby apply for the membership and permission to borrow books and other Information materials from the Learning Resource Center.

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