

No.

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# SIDDHINATH MAHAVIDYALAYA CENTRAL LIBRARY

## Library Membership Form (for Faculty)

1. Name in full (in block letters) : Mr/Mrs/Ms .....
2. Department : .....
3. Date of Joining : .....
4. Permanent Address - VILL. - .....
- P.O. .... P.S. ....
- Dist. .... Pin No .....
5. Present Address: VILL. - .....
- P.O. .... P.S. ....
- Dist. .... Pin No .....
8. Mobile No ..... 9. Email ID .....

I, the under signed would like to apply for library Membership as Faculty 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/ loss, or damage of any information borrowed by me. I am willing to pay the charge.

Date :

Place :

Signature of the Faculty

Signature of the Principal with stamp  
(Recommended)

Membership No. \_\_\_\_\_

Card No. \_\_\_\_\_

Membership Accepted

Membership Rejected

Librarian