

# ABES Institute of Technology

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## LIBRARY MEMBERSHIP FORM (FOR FACULTY / STAFF)

To,

The Librarian

Kindly enroll me as a member of the library. I have read all the rules & regulations and I agree to abide by them for the duration of my membership.

DATE OF APPLICATION: \_\_\_\_\_

NAME (IN BLOCK LETTERS): \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

REGULAR / VISITING: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE OF JOINING: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

PHONE NUMBER: (OFFICE): \_\_\_\_\_

(RESIDENCE): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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### FOR OFFICE USE ONLY

ALL CREDENTIALS CHECKED AND VERIFIED FOR LIBRARY MEMBERSHIP.

MEMBERSHIP NO. \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_

(Head / Incharge of the Department)

(Librarian)

(Director)