

**MEMBERSHIP FORM (STAFF)**

Full Name :

Designation & Dept :

Father/Husband Name :

Address :

a) Permanent

b) Present

Contact Details :

a) Land Line :

b) Mobile :

c) E-Mail :

I request to enroll me as a Member in Central Library, and agree to comply with the Rules & Regulations.

**For Office Use**

Signature

Membership No.:

Librarian Sign