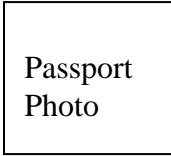




SVKM's NMIMS (Deemed To be UNIVERSITY)
 MUKESHBHAI PATEL CENTRAL LIBRARY
 Shirpur Campus

Library Membership form

(Please use capital letters for write down below information)



Name of School:

Department: Branch:

Name:
 (Surname) (First Name) (Middle name)

Father's Name:

Mother's Name:

Date of Birth:/...../ 20..... (dd/mm/yy) Blood Group:..... Rh factor:

Address:

Local:	Permanent:
.....
.....
.....
.....
Pin Code:.....	Pin Code:.....
Contact No.:	Contact No.:
Mob. No.:	Mob. No:
Email Id:	

Date of Admission:/...../ 20..... Admission Receipt No:..... GR. No:.....

Date of Joining:/...../ 20..... Employee Code:..... **(only for staff members)**

DECLARATION

I here solemnly declare that all the above information furnished and given by me is true to the best of my knowledge and belief. Further, I have read all the institutional/Library rules & regulations and I assure/promise you that I will follow all the rule regulation and also cooperate & help to secure, safe, and good use of the library assets. If I found to avoid/negligence the rule regulations and /or engage in unfair means, my library membership would be terminated without giving me any prior notification/ intimation.

Signature: 1..... 2.....

(I have received my Lib. Membership card dated on/...../20..... Sign:.....)

ONLY FOR LIBRARY

Library Membership No.: Password's Code:.....

Librarian's Sign: Remarks (if any):

Director/Associate Dean's Sign:..... Remarks (if any):