



**CENTRAL LIBRARY
MOTILAL NEHRU NATIONAL INSTITUTE OF TECHNOLOGY
(DEEMED UNIVERSITY) ALLAHABAD-211004**

**LIBRARY MEMBERSHIP FORM FOR
GUEST LECTURER / VISITING FACULTY**

NOTE : USE CAPITAL LETTER'S ONLY.

MEMBERSHIP NO.
(For Office use only)

NAME

DESIGNATION

LOCAL ADDRESS

.....

.....

PHONE (OFF.)PHONE (RES.)

MOBILE PHONE NO.e-MAIL ID

PERMANENT ADDRESS

.....PIN

CATEGORY Guest Lecturer / Visiting Faculty

ADDITIONAL CATEGORY SC ST OBC GEN SEX: MALE FEMALE

DEPARTMENT

DATE OF JOINING PERIOD : FROM.....TO.....

Recommendation of Head of Department

Please extend the Library facilities. I Shall abide rules of the Library and I shall not lend my token of any other I shall ber sustained by the Library due to the loss or misuse of my ticket.

Enclosed: Copy of the appointment letter.

Date :

(Signature of employee)