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

LIBRARY MEMBERSHIP FORM
FOR FACULTY/ ADMINISTRATIVE OFFCER AND STAFF

NOTE : a. Fill this form in ***CAPITAL LETTERS*** (in English). Use one box for each letter and leave one box after every word.

b. It is responsibility of the **FACULTY/ ADMINISTRATIVE OFFCER / STAFF** to fill this correctly.

PHOTO

1- Employee Code

2- NAME

3- Address (Local) Room No. …… ……

4- Phone No. with STD code (Res.)/ …… Mobile No. ……

E-mail : ……Extn. Phone no. ……

5- Permanent Address: C/o ……

……

……..Distt. ……PIN……

6- Category (Please Tick ✓) Professor ☐ Assistant Professor ☐ Lecturer ☐

Administrative officer ☐ Ministerial Staff ☐ Technical Staff ☐ Others (specify) ……

7- Additional Category (Please Tick ✓) GEN ☐ OBC ☐ SC ☐ ST ☐

8- Department ……..

9- Date of Birth …… Date of Retirement Date ……

10- Sex (Please Tick ✓) Male ☐ Female ☐

Recommendation of Head of Department ……

Please extend the Library facilities. I shall abide rules of the Library & I shall not lend my Library card to any other I shall bear loss sustained by the Library due to the loss or misuse of my Library card.

Date ……..

(Signature of employee)

For Office use only (at the time of **NO DUES**)

Dues, if any ……..

Dues reported to the office vide letter no. ……..

Date : …….. **Signature of the Borrower** **Signature of Library Staff** **Librarian**

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