

'Shirdi Sai Rural Institute's'
Arts Science & Commerce College, Rahata
Library Membership Form (Staff)

To
The Librarian
Arts Science & Commerce College, Rahata

ID.No:

| |
|---|
| Paste Your Passport Size Photo |
|---|

Sir,

Please enroll my name as a reader / borrower of the ASCR library, I have read the rules of the library and I will abide by these rules. Please issue me an Identity Card .I attach, here with two copies of my photograph of the Identity card size.I am giving below the necessary particulars:

1. Name in full:
.....
(Block Letters) Surname Name Father's/Husband's name
2. Designation:
3. Department:
4. Correspondence Address :
-
5. Permanent Address:
-
6. Phone (R)Office.....Mobile
7. Date of Birth.....Date of Joining.....Date of Retirement.....
8. Area of Specialization
9. Email ID-----

Yours Faithfully

Signature of Applicant

Signature of HOD

Signature of Librarian

Signature of Principal