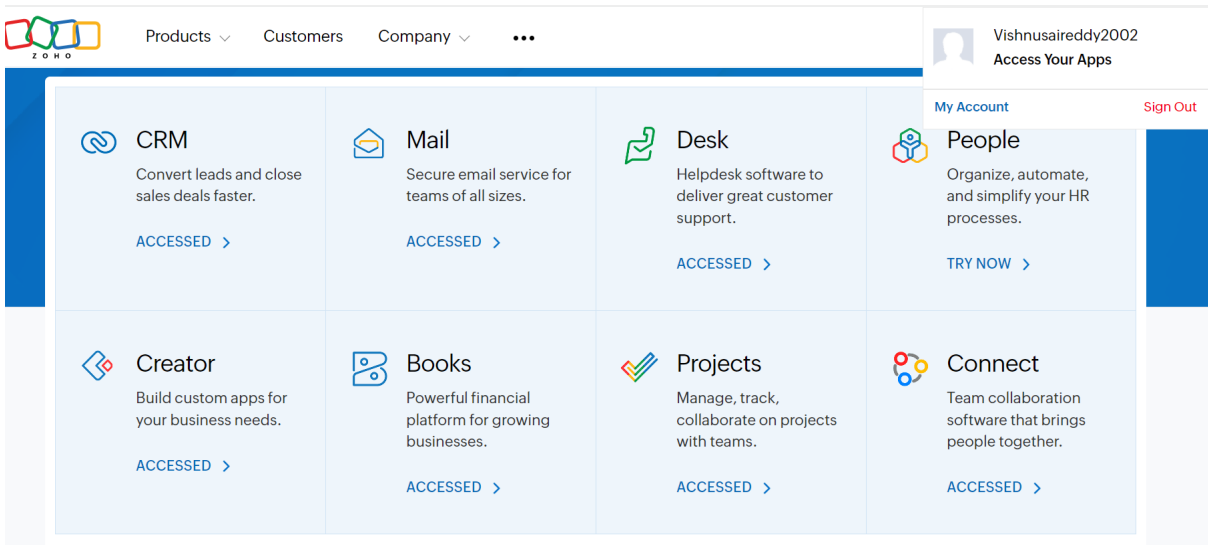


CLOUD COMPUTING LAB

Question 5



Library Book Reservation

Library Membership

Membership Form

Registered Members

Membership Form

Name *

First NameLast Name

ID *

Date of birth

dd-MMM-yyyy

Occupation *

-Select-

Phone Number

+91 81234 56789

Email *

What would you use the library for? *

☐ Reference

☐ In-house reading

☐ Borrowing

Which sections of the library would you like access to?

☐ All

☐ Magazines

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