



Membership Form

Name *

First Name

Last 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
- ☐ Fiction ☐ Non-Fiction
- ☐ Electronic ☐ Research & Reference