

Library Book Reservation System

Membership Form

Library Membership

Membership Form

Registered Members

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

Varun Kumar Ka...

Search

ENG IN

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