

EXTERNAL MEMBERSHIP FORM



Lakshminath Bezbaroa Central Library
भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
Indian Institute of Technology Guwahati

Ext-Mem/Lib/Pass No:

Issue date:/...../.....

ALIO/SLIA's sign:

Applicant's Name in Full (IN CAPS) :

Full Present Address:

Phone: Mobile/Landline:

Email:

Present Occupation:

Designation:

Parent Institute/ Organization: (Attach copy of Identity Card)

Use purpose: Period of use (days): Time of use: OFFICE HOURS/ AFTER OFFICE HOURS
(Visit Central Library webpage to see user guidelines)

Details of IITG Referee:

Full Name: Emp. No: Designation:

Phone (o): IITG mail: @iitg.ernet.in

Authorization signature by the Referee

Please read this statement and sign below:

I acknowledge that I have read the information given on the reverse of this form and that by signing this form I agree to the following:

- I agree that the information I have supplied on this form can be used by the Central Library for administrative purposes.
- I hereby apply for the privilege of admission to the Central Library and solemnly promise not to use the privilege to the injury either of the Central Library or the Institute.
- My registration may be cancelled immediately, if any of the above information given by me, is found to be incorrect.

Applicant's signature

External Member Pass



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Dr /Mr/s is permitted to use limited facilities of the Central Library, IIT Guwahati during

☐ Office hours ☐ After office hours ☐ Weekdays ☐ Weekends ☐ Holiday (tick one or more)

Valid up to/...../..... (See overleaf for Renewal)

Signature & Seal
Circulation Section

For any enquiry: call: +91-361-258 2130/2128/2121 Fax: +91-361-2582114 Email: library@iitg.ernet.in

- RENEWAL INFORMATION:**

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