

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

☐ Fiction

☐ Non-Fiction

☐ Electronic


☐ Research & Reference

Declaration

- ☐ Accept responsibilitiy for the return of any borrowed item by the due date. *
- ☐ I am aware any items lost, defaced, damaged or not returned by me will incur a replacement cost. *
- ☐ I understand my borrowing rights will be suspended while any items remain overdue. *

Submit

Reset

 OneDrive



Screenshot saved
The screenshot was added to your
OneDrive.



Sravani Talam

