

1. Membership



LIBRARY MEMBERSHIP FORM: Faculty/Research Officer/Staff/Visiting Faculty
[Return this form along with following Information and one passport size Photo]

IHMR ID card No:

Valid Till:

I, the undersigned would like to apply for Library Membership as **Faculty/Research officer/Support Staff**. I hereby undertake the responsibility to abide by rules of the library. In case of late return/loss or damage of any library resources borrowed by me, I am willing to pay the required amount.

Sl. No	Full Name (In Capital)	Dr./Mr./Ms./Mrs.	
1	Designation		
2	Employ Code		
3	Permanent Address		
4	Communication Address		
5	Telephone No	Residence	
		Office	
		Mobile	
6	E-mail		

Date:

Signature of the Applicant

Signature of the Librarian