



AMITY UNIVERSITY KOLKATA
CENTRAL LIBRARY

Recent
Passport
Size
Photograph

Library Membership Form (Faculties/Staffs)

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

Name in Full : Mr. /Mrs./Ms.:

Employee Code :

Employment Type (Full Time/Part Time):

Institute/Department:

Designation:

Date of Joining:

Date of Birth: Gender

Present Address :

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..... Pin Code:

Permanent Address :

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..... Pin Code:

Email ID:

Mobile No.:

Date: Signature of the Faculty/Staff

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Library Membership may please be granted.

Approval Signature of VC/PVC/Registrar/VP:

Membership No.: Date

Librarian/Dy. Librarian/Asst. Librarian:

**** Faculties are requested to carry 1 extra passport-size photograph at the time of collection of the library card.**