



MAHARAJAH'S POST GRADUATE COLLEGE

CENTRAL LIBRARY

VIZIANAGARAM

Application for Library Membership

To

The Lecturer in Library Science,
Library,
Maharajah's Post Graduate College,
Vizianagaram - 535 002.

Sir,

I, wish to enroll as a member of the college library. I have read the rules and regulations of the library and abide by the same.

MEMBERS PERSONAL INFORMATION:

Mr. / Ms. / Mrs. / Dr. / Prof.

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(Tick Appropriate Box)

Name

Date of Birth

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DD - MM - YYYY

Member type

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General SC ST BC

Member Academic Information

Category (Faculty / Non-Teaching Staff / Student / Guest)

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Department

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Designation

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Member Contact Information

Present Address

Permanent Address

Effective Date From _____ to _____ Receipt No _____ Receipt Date _____

Director / HOD

Signature of the Applicant with Date

For Office use Only

Member Code

Issued Library ID Card & Ticket

Signature of the Member

Signature of the Issuing Asst

Lecturer in Library Science