

KARMAVEER MAMASAHEB JAGDALE MAHAVIDYALAYA, WASHI

Tal.- Washi, Dist.: Osmanabad -413 503

Ph.-(02478)- 276036

Library Membership Form

(For Staff)

Paste Latest
Photocopy
here

To,
The Principal,

Karmaveer Mamasahab Jagdale Mahavidyalaya
Washi, Dist. Osmanabad

Subject: Membership Of The Library

Respected Madam,

I wish to become a member of the library. So I request you to enroll me as one of its members. I have read the library rules and I agree to abide by them. My particulars are as under:-

✓ (Tick whichever is applicable)

1. Personal Information:-

➤ (In Capital) Surname/Last Name	First Name	Middle Name
Mr./Mrs./Ms.:-		
➤ Date of Birth :-		

2. Academic Information:-

➤ Member Type :- Teaching/Non-Teaching Staff/Part Time/CHB etc
➤ Faculty: - Junior/Senior/MCVC/Other
➤ Department :-
➤ Designation :-
➤ Date of Joining :-
➤ Date of Retirement :-

3. Address for Correspondence:-

➤ Present Address :-PIN-	# Permanent Address :-PIN
➤ Phone : Resi : <input type="text"/>	Mob :- <input type="text"/>
➤ E-mail :-	
➤ Date :-	
	Signature

4. For Library Use: - For Academic Year 20 - 20

➤ Membership Effective From : <input type="text"/> to <input type="text"/>	
➤ Status: - Current / Suspended / Cancelled.	
➤ Member's Code/ ID :- <input type="text"/>	
	Librarian