

CENTRAL LIBRARY
MANIT, Bhopal – 462051

Membership Request Form

1. Name.....
2. Staff / Faculty.....
3. Designation.....
4. Section / Department.....
5. Library Cards Entitlement: 08 / 10 / 20 (* Mark the relevant one)
6. No. of Library Cards Requested.....

Undertaking I agree to abide by the rules and regulations of Central Library in force at any point of time.

Signature-----

Date ----- / ----- / 20-----

Forwarded by:

Name of the Sectional Head / Head of the Department.....

(Signature)

(Seal of the Head)