

**CENTRAL LIBRARY**

**MANIT, BHOPAL**

**Membership Request Form for Contract Faculty**

1. Name.....
2. Designation.....
3. Department.....
4. Contact Number (Landline).....
5. Contact Number (Mobile).....
6. Library Cards Entitlement: 05
7. No. of Library Cards Requested.....

**Declaration**

- (1) I agree to abide by the rules and regulations of Central Library in force at any point of time.
- (2) I undertake to return all books issued on my library cards / deposit their cost in the event of one or more books getting damaged / lost, prior to leaving the institute.
- (3) I understand that I need to take No – dues from Central Library for release of the last month's salary, prior to leaving the institute.

Signature-----

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

Forwarded by:

Name of the Head of the Department.....

(Signature)

(Seal of the Head)