

NITTE MEENAKSHI INSTITUTE OF TECHNOLOGY
Department of Library & Information Centre

Photo
Signature

Library Membership Form

(For Staff & Faculty Members)

Name (Block Letters) :	
Designation :	
Department :	
Blood Group :	
Date of Birth :	
Date of Joining :	
Phone Number :	
Address :	
E-mail Address :	
Sign. of HoD :	
Sign. of the Principal :	

Librarian Signature:

Card. No:

Date of Issue:

Note: We request you to submit One Passport size photo to the Counter In charge.