

Viswakarma Government Engineering College
Chandkheda - Gandhinagar
LIBRARY

Application form of Library Membership for STAFF

Full Name: - _____
(In Block letters) Surname Name Father/Husband Name

Department : - _____ Designation: - _____

Sex : - Male Female Institute Joining Date: - _____

Permanent / Temporary / Ad hock / Visiting: - _____

Local Residential Address: - _____

(In Block letters) _____
_____ Pin: - _____

Permanent Residential Add: - _____

(In Block letters) _____
_____ Pin: - _____

Phone No: - (R) _____ (O) _____ (Ext. No.) _____

Fax: - _____

E-Mail: - _____

Comment: - Pl. Issue Library Ticket / Pl. Issue Extra Library Ticket

Signature: - _____

(Head Of the Department)

Signature: - _____

(Applicant)

(FOR LIBRARY USE ONLY)

No. of Ticket Issued : _____ Member's ID. No. :- _____

Date of Issue: _____

Librarian