

DANDELI EDUCATION SOCIETY'S



BANGURNAGAR ARTS, SCIENCE & COMMERCE COLLEGE,
DANDELI-581325, Dist.UTTARKANNADA

SHRI RANGANATH LIBRARY AND INFORMATION CENTRE

LIBRARY MEMBERSHIP FORM (FOR FACULTY)

1.Name (in Block letters) : _____

2.Date of Birth : _____

3.Department/Subject : _____

4.Date of Joining : _____

5. Employers ID Number : _____

6. Blood Group : _____

7. Permanent Address : _____

8. Present Address : _____

9. Contact Phone No. : _____

10. Email : _____

Affix your
Recent
passport size
Photograph

I, the understand would like to apply for Library Membership as Faculty. The information given above is true to the best my knowledge. I hereby undertake the responsibility to abide by rules of the library notified time to time. In case of late return/loss or damage of any information resource borrowed by me, I am willing to pay the required amount.

Date :

Place :

Signature of the Faculty

Signature of the Principal with stamp
(Recommended)

Library use-----Library use-----Library use-----Library use
Membership No. _____ No. of Cards: _____ Card No's. _____

Membership Accepted

Membership Rejected

**Head
Library & Information Center**