

Central Library

POORNIMA UNIVERSITY

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LIBRARY MEMBERSHIP FORM

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Designation:	Account No :
Department:	Date of Joining:

Name of Faculty/Staff _____			
Address _____			
City _____	State _____	Phone No _____	
Mobile _____	E-Mail ID _____		

DECLARATION:

After reading the rules and regulation of the library, enclosed herewith, I solemnly affirm, that I shall abide by all the rules and regulation, as and when revised/amended/modified.

Signature of the Faculty/Staff Member

Date: _____

For Office Use Only

Library Account No:	Date :
Documents Attached: 1. Xerox copy of Appointment Letter. 2. ID card/ Transfer Letter.	
Librarian/Asstt.Librarian	Library In Charge