

**REGULAR MEMBERSHIP FORM****Lakshminath Bezbaroa Central Library****Indian Institute of Technology Guwahati****GUWAHATI-781 039**

(IN CAPS) Name in Full:

Joining Date: Dept/ Sec/ Centre:

Designation: Phone:

IITG Email:

Alt. Email: Emp No.:

(Attach Photocopy of IITG Identity card)

Permanent Address:

Vill. / Town: Lane: House No.:

P.O.: P.S.: Dist / Ward:

State: PIN... Phone:

Date:

Applicant's Signature**Recommendation from HOD/DOS/HOC:**

Dr/Mr/shas Joined IITG as

in the Dept./Sec/Centre: on/...../.....

Recommended for Membership

Date:

Signature of HOD/HOS/HOC**For Library Use Only**Library Code (for Project Staff /Trainee): *Registered with User ID*

Date:

*Signature & Seal
Circulation Section*