MEMBERSHIP APPLICATION FORM

Name (in Capital letters): _____________________________________________________________

Designation (Staff/Student): _________________________________________________________

Staff/Student Identity Code: _________________________________________________________

Local Address: ___________________________________________________________________
________________________________________________________________________________

Telephone: (D�rabh�) ___________________________ Email: (ई. मेल:) ___________________@iiserkol.ac.in

Permanent Address: (स्थायी पता) __________________________________________________
________________________________________________________________________________

Telephone: (D�rabh�) _____________________________________________________________

Area of Specialisation/Study: (विशेषज्ञता का क्षेत्र) ____________________________________________

I hereby undertake that I shall abide by the Rules and Regulations of the IISER-K Library.

Date: (दिनांक) ........................................................... प्राधिकारी के हस्ताक्षर

Signature of the Applicant

Recommendation by the Head of the Unit/Supervisor

I hereby certify that the above applicant is the member of the staff/graduate student of

IISER KOLKATA LIBRARY

Indian Institute of Science Education and Research Kolkata
Mohanpur - 741246, Nadia, West Bengal
I certify that the applicant is a member of the faculty/staff/temporary visitor/student/research fellow of the Institute, and recommend him/her for Library membership.

Name: (नाम)

Signature: (हस्ताक्षर) Date: दिनांक

________________________________________________________________________________________

(To be filled in by the Library Staff only)

पुस्तकालय सदस्यता संख्या

Library Membership No. ______________________

पुस्तकालय कम्युनिटी के हेतु वर्ग/श्रेणी

Category: ______________________

 पुस्तकालयाध्यक्ष के हस्ताक्षर

Signature of the Librarian

Date: