

 <p>MIT Arts, Commerce & Science College</p> <p>Alandi-Devachi, Pune 412 105 Dept. Of Library</p>	<p align="center">Library Membership Form For Staff</p>	<p align="center">Academic Year 2016- 2017</p>
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APPLICATION FORM OF LIBRARY MEMBERSHIP FOR FACULTY AND STAFF

To,

The Principal

MIT Arts Commerce Science College

Alandi (D) Pune

Membership No.

Respected sir,

I wish to avail of the library facility, I kindly request you to permit me to use library facility. I shall abide by the rules of the library. My Particulars are as follow.

Please fill the form in block letter

Full Name (Surname First) : _____

Email ID : _____

Designation : _____

Department : _____

Appointment Order No & : _____

Date of Joining Nature of Order: _____ Permanent / Advoc _____

Permanent Address : _____

: _____

Phone Number : _____ Birth Date _____

Yours Faithfully

(Signature of Faculty & Staff)

Head of Department

Librarian

Principal