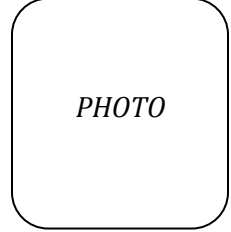




**ARIHANT COLLEGE OF ART'S, COMMERCE & SCIENCE, BAVDHAN, PUNE.
LIBRARY AND KNOWLEDGE RESOURCE CENTRE.**

LIBRARY MEMBERSHIP APPLICATION FORM (FOR FACULTY)

1. NAME (IN BLOCK LETTER) : _____
2. DESIGNATION : _____
3. DATE OF JOINING : _____
4. EMPLOYMENT ID NO : _____
5. DEPARTMENT (SUBJECT) : _____
6. NATURE OF APPOINTMENT : _____
7. PERMANENT ADDRESS : _____



- _____
- _____
- _____
- _____
- PINCODE : _____ CONTACT NO _____
8. PRESENT ADDRESS : _____
- _____
- _____
- _____
- E-MAIL: _____

I, undersigned would like to apply for library membership as Faculty. The Knowledge 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 the case of late return/loss or damage of any Knowledge resource borrowed by me, I am willing to pay the required amount.

Date:

Place:

Signature of Faculty