

**P.E.S COLLEGE OF SCIENCE, ARTS & COMMERCE,  
M C ROAD, MANDYA – 571 401.**

**LIBRARY AND INFORMATION CENTER**

**LIBRARY MEMBERSHIP FORM (For Faculty)**

1. Name (in Block letters) : \_\_\_\_\_  
2. Department/Subject : \_\_\_\_\_  
3. Date of Joining : \_\_\_\_\_  
4. Employers ID Number : \_\_\_\_\_  
5. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

**Affix your  
recent  
passport size  
photograph here**

PIN: \_\_\_\_\_

Phone No: \_\_\_\_\_

6. Present Address : \_\_\_\_\_  
\_\_\_\_\_

7. Email : \_\_\_\_\_

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

Date:

Place:

Signature of the Faculty

**Signature of the Principal with Stamp**

Library use ----- Library use ----- Library use ----- Library use -----

Membership No.: \_\_\_\_\_ No. of Cards: \_\_\_\_\_ Card No's: \_\_\_\_\_

Membership Accepted

Membership Rejected

**Head**

**Library & Information Center**