

# The LNM Institute of Information Technology, Jaipur

## Library Membership Form

UG  PG  Scholar  Faculty  Guest Faculty  Staff  Temporary Member  Other

Member ID/Roll No: .....

Name: ..... Gender: M/F  
(IN BLOCK LETTERS)

Father's Name .....

Department..... Date of Birth: .....

**Local Address:**

.....  
.....

Pin Code: ..... Phone No: .....

**Permanent Address:**

.....  
.....

Pin Code: ..... Phone No: .....

Email ID ..... Joining Date ..... (DD/MM/YYYY)

**Declaration**

I..... hereby declare the all information furnished above is true to the best of my knowledge and belief. I agree to adhere the library policies, rules and regulations, I also agree to pay overdue charges, fines for lost, damaged materials, and I will notify the library of any changes in my address or contact details.

Date .....

**Member Signature**

**Reporting Officer  
(Only for Temporary Members)**

**For Office Use**

Status:

**Circulation Assistant**

**Librarian**

