



CENTRAL LIBRARY, MEDICAL COLLEGE, JHALAWAR (Raj.)

Phone No....07432-233422

Fax No. ..07432-233233

MEMBERSHIP FORM (Staff/ PG)

Employee Code : - **Designation:** -

Full Name (in block letters) :- **Sex-Male/Female**

Date of Joining :-

Department :-

Permanent Address with Mobile No :-.....
.....
..... **PIN CODE**

Aadhar no..... **Mobile No**..... **Email ID**

I do acknowledge that I have gone through the Rules and Regulations of the Central Library and do hereby agree to abide by the same and the modifications/amendments as and when required.

Signature of Member

Date:-

RECOMMENDATION:-

This is to confirm you that he/she is working under my supervision and I hereby recommend the name of above applicant for membership of the library.

Signature & Seal

(Head of the dept.)

Date :-

To,
The Librarian,

Please Issue the library books to the applicant as per the recommendation of the H.O.D.

Officer In charge,
Central Library

RULES TO BE FOLLOWED

1. Books lost, Defaced, marked or writing there in with ink or pencil, tearing or taking out its pages or injured in any way shall have to compensate by the borrower as per library rules.
2. Books which are in single copy cannot be available for issue.
3. The book should be return within 2 weeks.
4. The Librarian may recall the books at any time in case of urgency.
5. The sum of 2/- rupees per day shall be charged per book if not returned within the time specified.
6. Maximum 02 books may be issued at a time.

Signature of Applicant