

Library and Information Resource Center
National Institute of Technology Srinagar
Membership form

Name_____ Photograph

Father's Name_____

Enrollment No_____ Employee No_____

Category (tick one) Faculty () Student () Employee ()

Gender: Male / Female DOB (dd/mm/yy)_____

Postal Address_____

Phone No._____ Email Id._____

Signature of the applicant

-----OFFICE USE-----

Member/Card number_____

Joining Date_____

Expiry date_____

I/C Circulation Section

I/C Library