



NABADWIP VIDYASAGAR COLLEGE

NABADWIP, NADIA

LIBRARY MEMBERSHIP FORM (For Faculty)

1. Name (in Block letters) : _____

2. Department/Subject: _____

3. Date of Joining : _____

4. Permanent Address : _____

Phone No: _____

5. Present Address : _____

6. Email : _____

Affix your
recent
passport size
photograph
here

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
(Recommended)

Membership No.: _____

Card No: _____

Membership Accepted:

Membership Rejected:

LIBRARIAN