



P. S. R. COLLEGE OF EDUCATION

(ACCREDITED WITH 'B' BY NAAC)

APPAYANAICKENPATTI, SEVALPATTI (POST), SIVAKASI - 626140.

Virudhunagar District. Tamilnadu.

APPLICATION FORM FOR LIBRARY MEMBERSHIP

(University Teachers, Research Scholars, Students, Non-Teaching Staff)

Name (in Capital)		Affix recent passportsize photograph																		
Course / Department																				
Date of course started																				
Admission No.																				
Designation																				
Residential Address (in Capitals; Specify Pincode)		Address to which communication be sent (Specify Pincode)																		
<p>.....</p> <p>.....</p> <p>.....</p> <p>Pincode</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>Phone No</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>(Cell) :</p> <p>Email ID:</p>														<p>.....</p> <p>.....</p> <p>.....</p> <p>Pincode</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>Phone No</p> <p>(Cell) :</p> <p>Email ID:</p>						

I hereby declare that the information given above is true to the best of my knowledge. I shall abide by the rules and regulations of the Library premises.

PLACE:

Date:
the Applicant

Signature of

Declaration

(For Office use only)

Membership No.		
Valid up to		
Date of Issue		
No. of Book Permitted		

Assistant Librarian