

***Department of Library & Information Centre***

*MSR Nagar, MSRIT Post, Bangalore – 560 054*

Tel: 080-2360 5190 / 2360 1742 / 2360 2654 *Extn. 203*

APPLICATION FOR LIBRARY MEMBERSHIP

Sir/Madam

I have joined in M.S. Ramaiah Medical College as a Faculty/Postgraduate student in the Department of …………………………………………..with effect from .I hereby apply for the membership of central library and request that, I may be issued the library cards as per rules.

1. Name (In Block Letters) ………………………………………………………………………..

2. Designation ……………………………………………………………………….

3. Department ………………………………………………………………………..

4. Permanent Address ………………………………………………………………………..

 ………………………………………………………………………..

5. E-mail ID ………………………………………………………………………..

6. Contact No ………………………………………………………………………..

Date:

Place: Bangalore Signature of Applicant

Recommended and forwarded to the Senior Librarian, M.S.Ramaiah Medical College, Bangalore-560054

 Signature of the HOD with seal Signature of the Principal with seal

 Signature of the Prof. I/C of library with seal Signature of the Senior Librarian with seal

**FOR OFFICE USE**

Membership No: ………….Date: …………………. Signature of the library staff

Received two cards bearing number……………… …. Signature of the Applicant