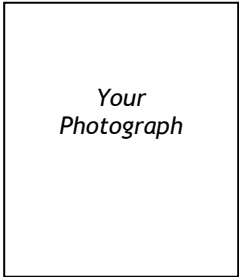


TAPMIBLR LIBRARY

DOC BLR LIBRARY MEMEBRSHIP FORM

The Chief Librarian
DOC BLR Library
Bengaluru Campus



This is to request you to kindly enroll me as a Member of DOC BLR Library, Bengaluru Campus. My personal particulars are given below:

MAHE ID No.	
Name (in Block Letters)	
Department	Department of
Category	UG/ PG/ Ph.D/Faculty/ If any Other, Please Specify:
Date of Joining	
Communication Address	Students: Hostel Name (Full): Room Number:
Tel No.	
Mobile No.	
MAHE Email ID (official)	
Alternate E-mail ID	

I hereby agree to the following:

- I promise to abide by all Library Rules, which may be made applicable from time-to-time.
- I would be liable to pay any dues, in respect of damage/non return of Library books and fine payable for non-compliance of Library Rules and Regulations.

Signature of the Applicant: Date: _____

(If Category is if any) Signature of the HOD : Date: _____

Office Use

The Library Staff will create the patron account on our DOC BLR LIBRARY LMS

Name: _____ Signature: _____ Date: _____

Temporary Membership No. Assigned (if any): _____