

## **TAPMIBLR LIBRARY**

## DOC BLR LIBRARY MEMEBRSHIP FORM

The Chief Librarian DOC BLR Library Bengaluru Campus Your Photograph

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

lame (in Block Letters)  Department Department of  UG/ PG/ Ph.D/Faculty/ If any Other, Please Specify:  State of Joining  Students: Hostel Name (Full):  Room Number:  Tel No.  MAHE Email ID (official)	lame (in Block Letters)  Department Department of  UG/ PG/ Ph.D/Faculty/  If any Other, Please Specify:  Students: Hostel Name (Full):  Room Number:  Tel No.  Nobile No.  MAHE Email ID (official)  Ulternate E-mail ID  I hereby agree to the following: a. I promise to abide by all Library Rules, which may be made applicable from time-to-time. b. 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:			
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