

## SMIBLR LIBRARY Bengaluru Campus

## LIBRARY MEMEBRSHIP FORM Faculty Member

The Chief Librarian SMI Library Bengaluru Campus

MAHE ID

Your Photograph

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

Name (in Block Letters)		
Department		
Designation		
Date of Joining		
Permanent Address		
Tel No.		
Mobile No.		
Email ID (official)		
Alternate E-mail ID		
	ll Library Rules, which may be made applicable from time-to-ting any dues, in respect of damage/non return of Library books an	
Signature of the Applicant	t: Date:	
Signature of the HOD:	Date:	
Signature of the Chief Lik	orarian: Date:	
Т	Office Use The Library Staff will create the patron account on LM	IS
Name:	Signature:	Date: