

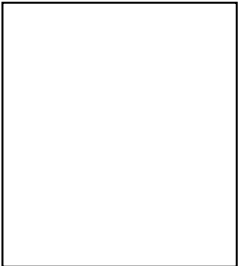


ABES Engineering College, Ghaziabad

**Central Library
Library Membership Form**

To
The Librarian

Kindly enroll me as a member of library. I have read all the rules and regulations and agree to abide them during my membership.



Date of Application : _____ - _____

Name (in block Letters) : _____

Fathers Name : _____

Designation : _____

Regular / Visiting : _____

Department : _____

Date of Joining : _____

Residential Address : _____

Phone Number : _____ Mobile no. _____

Signature : _____ E-mail _____

FOR OFFICE USE ONLY

Library membership recommended/not recommended: (Head / In charge of the Department)

All credentials checked and verified: (H.R. Department)

Membership approved: (Director)

Membership No. : _____ - _____ Date of Issue : _____

(Librarian)