

Sir/Madam

A Constituent College of Ramaiah University of Applied Sciences

Department of Library & Information Centre

MSR Nagar, MSRIT Post, Bangalore - 560 054 Tel: 080-2360 5190 / 2360 1742 / 2360 2654 Extn. 1203

1. Affix one recent passport size Colour Photograph.

2. Submit Two recent passport size Color Photograph along with this application form.

APPLICATION FOR LIBRARY MEMBERSHIP

•	·	Postgraduate student in the Department of I hereby
		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	e Librarian, Ramaiah Me	dical College, Bangalore-560054
Signature of the HOD with seal		Signature of the Principal with seal
Signature of the Faculty In-charge of library with seal		Signature of the Librarian with seal
Membership No: Date: .	FOR OFFICE U	Signature of the library staff
Received two cards bearing number		Signature of the Applicant