



**Department of Library & Information Centre**

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

APPLICATION FOR LIBRARY MEMBERSHIP

Sir/Madam

I have joined in M.S. Ramaiah Medical College as a Faculty/Postgraduate student in the Department of .....with effect from .....I hereby apply for the membership of central library and request that, 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 Senior Librarian, M.S.Ramaiah Medical College, Bangalore-560054

Signature of the HOD with seal

Signature of the Principal with seal

Signature of the Prof. I/C of library with seal

Signature of the Librarian with seal

**FOR OFFICE USE**

Membership No: ..... Date: .....

Signature of the library staff

Received two cards bearing number.....

Signature of the Applicant