

Date / /

Library Account Opening Form

Nome of Faculture	
Name of Faculty:	
Address:	
Mobile No:	
E-mail:	
Address (Permanent):-	
Designation:	
Department:	
Date of Appointment	
UNDERTAKING I hereby agree to abide with the Library Rules and make up for any loss or damage of any Library resources borrowed by me. Date: Applicant Signature	
No of Books Allowed:	HOD
Allowed to Borrow Books from Library	
No of Books Allowed:	
	Director