



ATTACH PHOTO  
OF  
AUTHORIZED  
PERSON

**APPLICATION FORM FOR THE ACADEMIC  
INSTITUTIONS & GOVERNMENT DEPARTMENTS**

1. Name of the organization: \_\_\_\_\_
2. Address : \_\_\_\_\_  
\_\_\_\_\_
3. Contact No (s) : \_\_\_\_\_
4. Email ID : \_\_\_\_\_

- By submitting this form, we agree to observe the IITGN Library policies, rules and regulations.
- We agree to take care of borrowed reading materials and return them by the due date and recall date.
- We also agree to pay overdue charges, charges for the lost or damaged materials borrowed from the Library as per the policy.
- We will notify the Library of any changes in our addresses or contact details of nominees.

Enclosed herewith is a Demand Draft / Cheque No. \_\_\_\_\_, dated \_\_\_\_\_ for Rs \_\_\_\_\_ drawn in favour of "IIT Gandhinagar Revenue A/C" and the attached affiliation letter from the competent authority, along with the attached photocopy of organization issued identity card. The specimen signature of the nominated person is attested by the undersigned.

**For payment by Electronic/Wire transfer, the details are given below:**

<b>Name of Bank:</b> Canara Bank	<b>IFSC Code</b> : CNRB0005159
<b>Account No</b> : 5159132000006	<b>MICR Code</b> : 380015052

Date:

Place: \_\_\_\_\_ (Name & Signature of Authorized Person)

**For Official Use only**

The Library Membership is granted for the period from \_\_\_\_\_ to \_\_\_\_\_. Library Membership Id:

Date:

Librarian