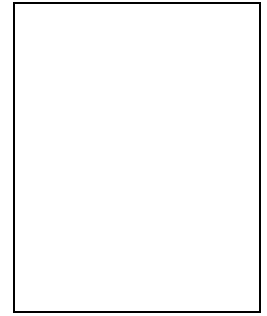




**INDIAN INSTITUTE OF TECHNOLOGY GANDHINAGAR
LIBRARY**



**Application form for the
LIBRARY MEMBERSHIP**

1. Last Name : _____ First Name: _____
2. D.O.B. : _____ Designation: _____
3. Programme : _____ Disciplines: _____
4. Roll No/Emp. Code : _____ Male/Female: _____
5. Present Address : _____
_____ PIN: _____
6. Permanent Address : _____
_____ PIN: _____
7. Contact (Mob) : _____ Office: _____
8. Email : _____@iitgn.ac.in _____
9. Personal Mail : _____

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

Date :

(Signature)

For IIT Gandhinagar Library Use only

Date :

(Librarian)