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**Application form for
ALUMNI MEMBERSHIP**

1. Name : _____
2. Address : _____

3. Contact No : _____

4. Email ID : _____
5. Name of the institution/organization associated with (Please attach documents showing the affiliation):

6. Are you a member of IITGN Alumni Association? [Y] [N]

If yes, please enclose a copy of the membership card.

- By submitting this form, I agree to observe 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 the overdue charges, charges for the lost or damaged materials borrowed from the Library.
- I will notify the Library of any changes in my 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 Institute, along with the attached photocopy of organization issued identity card and address proof of residence. For payment by Electronic/Wire transfer, the details are given below:

Name of Bank : Canara Bank	IFSC Code : CNRB0005159
Account No : 5159132000006	MICR Code : 380015052

Date:

Place:

(Name & Signature)

For Official Use only

The Library Membership is granted for the period from _____ to _____.

Library Membership Id:

Date:

Librarian