

 MIT (An Autonomous Institute)	Academy of Engineering	
	Library Membership Form For Staff	
Alandi (D), Pune – 412105	ACADEMIC YEAR	2018-2019
DEPARTMENT OF CENTRAL LIBRARY	TERM	I / II

APPLICATION FORM OF LIBRARY MEMBERSHIP FOR STAFF

To,

**The Director ,
 Maharashtra Academy of Engineering,
 Alandi (D), Dist. Pune.**

Membership No.

Respected Sir,

I wish to avail of the library facility, I kindly request you to permit me to use library facility. I shall abide by the rules of the library. My particulars are as follows :

Full Name (Surname first) : _____
 (In Block Letters)

Email ID : _____

Designation : _____

Department : _____

Appointment Order No. : _____

Nature of order : Permanent / Advoc

Permanent Address : _____

Phone Number or Contact Number : _____

Local Address : _____

Phone Number or Contact Number : _____

Subject of Interest : _____

**Yours faithfully,
 (Signature of staff)**

Previous years library dues (if any) : _____

Date :

Membership sanctioned : Yes / No

Librarian

Head of Department