

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

### APPLICATION FORM OF LIBRARY MEMBERSHIP FOR STUDENTS

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

<b>Membership No.</b>

Respected Sir/Madam,

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 : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Parents Phone Number : \_\_\_\_\_

Local Address : \_\_\_\_\_

Student Phone Number : \_\_\_\_\_

Class : \_\_\_\_\_ Division / Branch : \_\_\_\_\_

Roll No. : \_\_\_\_\_ Academic Year : \_\_\_\_\_

Amount of fees paid Rs. \_\_\_\_\_ : Challan No. \_\_\_\_\_ Date : \_\_\_\_\_

PRN NO: \_\_\_\_\_

Previous years library dues (if any) : \_\_\_\_\_

**Date :** \_\_\_\_\_

**Signature of Applicant**

Membership sanctioned : Yes / No

**Librarian**