



# **The ICFAI University Jharkhand**

## **Library Membership Form for Staff/Faculty**

Name (in capital letter)\_\_\_\_\_

Employee ID/If\_\_\_\_\_

Designation:-\_\_\_\_\_

PHOTO

Date of Joining:\_\_\_\_\_

Department:-\_\_\_\_\_

Subject: -\_\_\_\_\_

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

\_\_\_\_\_ Pin code\_\_\_\_\_

Mobile No:-\_\_\_\_\_

**Mail Id:**\_\_\_\_\_

**(Signature of the Applicant)**

**Library Office Use Only:**

*Library Membership No.*\_\_\_\_\_

Librarian

**Registrar/ Vice Chancellor**