



Visiting Faculty Library Membership Form

Name		
Designation		
Programme		
Contact No.		
E-mail id		
Address:		
Present		
Subject of Interest		
Want to issue Library books Y/N		
Want to access online resources Y/N		
I abide by the policies of the XISS Library		
Signature of User:	Date:	

CONFIRMATION FROM THE HOD

Mr./Ms has joined XISS, as a Visiting Faculty.

Department Service Duration

Signature of HOD

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(FOR LIBRARY USE ONLY)

Temporarily membership No.....

Date of Expiry of Library membership.....

Date of Renewal of Library membership.....

Signature of Library-in-Charge, XISS

Signature of Director, XISS