

ALL INDIA INSTITUTE OF MEDICAL SCIENCES MANGALAGIRI, AP - 522 503 LIBRARY MEMBERSHIP FORM

Name	passport sizeColour
(in Capital Latter)	Photograph
Name of Course [For Student]	
Duration of Membership [For Student]	
Student ID No/Administration No	
Faculty ID No Designation	rtment
Date of Birth	
Date of Joining	
Present Address (in Capital Latter)	
Pin Code	
Permanent Address (in Capital Latter)	
Pin Code	
E-MAIL (In Capital Letters)	
Mobile No	
Forwarding Authority	
I undersigned recommend that	and accept nformation

with this institute/Dept will not make any final payment due to his/her without obtaining a

NO DUE CERTIFICATE from Central Library, AIIMS, Mangalagiri.

FOR CENTRAL LIBRARY USE ONLY

The Applicant is registered as a member of Central Library, AIIMS, Mangalagiri, AP Details Verified by

Borrower Library Card No.	Valid Upto
Patron Created Date	Patron Expiry Date
(KOHA Software)	(KOHA Software)
Smart Card issued by	Smart card Sr.No
NO Dues Issued On	Librarian Grade-3
	(Sign & Date)

Approved by

Faculty In-Charge (Central Library)

<u>Instructions for submission of Library Membership Form</u>

- 1. All the fields in the application form are mandatory. Write 'NA' in the fields which are not fillable.
- 2. Be care full while filling up the form. The data will be exactly printed in Central Library SmartCard.
- 3. Submit the form to the Library staff with duly forwarded by the Head of the Department.
- 4. Library membership will be given after verification of the data.
- 5. You can collect your Library smart ID card from Librarian Gr-3 and avail the lending facility of library documents after receiving the email to your registered email ID.
- 6. I agree to abide by the Central Library user regulations.