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| logo-iiti.jpg | **INDIAN INSTITUTE OF TECHNOLOGY INDORE****CENTRAL LIBRARY** |

**External Membership Application Form**

**Academic Membership (Individual)**

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| **Paste recent photograph and add specimen signature in the box** |
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**MEMBERSHIP CATEGORY:**

Please tick (√ ) mark relevant category :

1. Faculty, staff & students from non-aided, AICTE recognised Sc. & Engg. Colleges
2. Individuals from non-educational organisations

(Annual Fees: Rs. 10,000/-)

* More details overleaf

**APPLICANT INFORMATION: Date:**

Name of Applicant (Prof./Dr./Mr./Mrs./Ms.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation (Post/Job Title/Course): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visitor’s Card No. Issued by Library Staff(Signature):

Visitor’s Card returned to the Library. (Signature of Library Staff)

**LOST/DAMAGED ITEM INFORMATION:**

**Note: Please submit the following documents with this form:**

* Photocopy of Institute ID Card
* Address proof (such as copy of Bank passbook/ Telephone bill/ Electricity bill)

**DECLARATION BY APPLICANT:**

I declare that the information given by me is correct and that I will abide by the library rules if my application is approved. **(Please attach a copy of Identity Card and a letter issued by your organization)**

I undertake to return the library books and library card/s at the end of the period of membership.

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Applicant**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIBRARY USE ONLY**

**Approved/Not Approved**

 **Deputy Librarian**

Amount Paid: Receipt No.: Receipt Date:

Lib. Staff (Signature):

Library Membership No.:

Membership Period (Date): From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No Dues Certificate Issued on (Date with Signature):

**---------------------------------------**

**Rules for External Membership – Academic Membership (Individual)**

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| **Membership****Category** | **Fees in Rs.****(Annual)** | **Registration****Fees in Rs. (One Time)** | **Refundable****Security** **Deposit in Rs. (One****Time)**  | **Total amount****payable at the****time of****membership****in Rs.** | **Facilities****offered** |
| Faculty, staff & Students from Non-Aided,AICTE recognizedDegree Colleges | 10,000/- |  1,000/- |  10,000/- |  21,000/- | Reference+ borrowing (1 Book for 1 month) |