



CENTRAL LIBRARY
CACHAR COLLEGE SILCHAR

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LIBRARY MEMBERSHIP FORM (FACULTY & STAFF)

1	NAME (in capital)	:
2	Designation	:
3	Department / Section	:
4	Date of Joining	:
5	Employee Code	:
6	Please specify the group	: Permanent Faculty / Contract Faculty : Permanent Employee / Ad-hoc employee
7	Please state the tenure (for contract Faculty and Ad-hoc Employee)	:
8	Address	:
9	Contact No (Mobile)	:
10	E-Mail	:
11	(Signature & Seal) HOD	:

UNDERTAKING

The information given above are true to the best of my knowledge and I agree to abide by the Library Rules enforced from time to time and to pay the replacement value of the books and other material lost, damaged or destroyed whilst in my possession, and will take proper clearance from the library before leaving the Institute.

Date: _____

Signature of Applicant: _____

FOR LIBRARY USE

1	Membership Code	:
2	Membership ID/Card No.	:
3	No. of Cards issued	:
4	Date of Issue - Date of Expiry	:
5	Received the Library Cards	:
6	Signature & Date (Issuing Authority)	:
7	Signature & Date (Librarian)	: