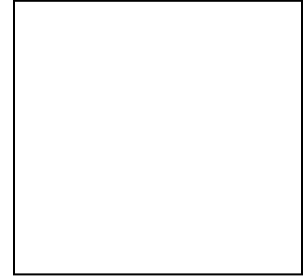


**DELHI TECHNOLOGICAL UNIVERSITY
BAWANA ROAD, DELID-II0042**

CENTRAL LIBRARY

MEMBERSHIP FORM FOR STAFF MEMBERS

Readers ID No



SUR NAME _____ FORE NAME _____

Position _ Regular/ Part –Time / Ad- hoc _____

Designation _____ Deptt : _____

Date of Joining: _____ Date of Retd _____

Communication Address: _____

Phone no's: _____ E-Mail: _____

Permanent Address:

Phone no.s: _____

I have read the rules and regulations of the library and hereby undertake to abide by them.

Signature of applicant

Signature of HOD

NOTE: Please write name, Designation Deptt. on the back of photograph and do not paste on this form.