



**ANJUMAN-I-ISLAM'S
KALSEKAR TECHNICAL CAMPUS, NEW PANVEL**

Approved by : All India Council for Technical Education, Council of Architecture, Pharmacy Council of India New Delhi,
Recognised by : Directorate of Technical Education, Govt. of Maharashtra, Affiliated to : University of Mumbai.

- SCHOOL OF ENGINEERING & TECHNOLOGY
- SCHOOL OF PHARMACY
- SCHOOL OF ARCHITECTURE

KNOWLEDGE RESOURCES AND RELAY CENTRE (KRRC)

**LIBRARY MEMBERSHIP FORM
(Faculty & Staff)**

Date: _____

(office Use) Card No.:	_____
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Colour
Photograph
(Please don't
Staple)

Membership Type: Teaching Non-Teaching Visiting Faculty

Campus: AIKTC AIARKP Other _____

Name (Block Letter): _____

Date of Birth: _____ **School/Dept.:** _____

Sex: _____ **Designation:** _____ **Date of Joining:** _____

Present Address: _____

_____ **City:** _____ **Pin:** _____

Email: _____

Phone: _____ **Mob.** _____

Registration Validity: From _____ to _____

***Encl.:** Appointment Letter Offer Letter Other _____

DECLARATION

I, the undersigned:

- accept responsibility for the return of any borrowed item by the due date
- am aware any items lost, defaced, destroyed or not returned by me will incur a replacement cost
- understand my borrowing rights will be suspended while any items remain overdue
- will not lend items to other persons or organisations as I am responsible for all items borrowed with my card
- will inform the library of any changes in contact details

I recommend that Mr./Miss/Mrs.: _____ **may be given library Membership.**

Director/Principal/Dean/HOD Sign.: _____

Applicant Signature

LIBRARIAN, AIKTC