

 RAFFLES UNIVERSITY	RAFFLES UNIVERSITY, NEEMRANA <small>(Established by an Act of Rajasthan State Legislature, as per Section 2(f) of UGC Act 1956)</small> Japanese Zone, Nh-48, Neemrana, Distt Alwar, Rajasthan Ph- 01494-675522 Email- librarian@rafflesuniversity.edu.in Website: https://rafflesuniversity.edu.in/central-library	Paste New Colourful Photo here
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V. K. G. MEMORIAL LIBRARY MEMBERSHIP FORM - FACULTY

1 Full Name of Student: (FILL UP WITH CAPITAL LETTERS)

Please select title, (✓) as applicable (Mr.) (Ms.) (Shri) (Smt.) (Kumari)

FIRST NAME															
MIDDLE NAME															
LAST NAME															
DOB	D	D	.	M	M	.	Y	Y	Y	Y					

2. Designation:.....
3. University Employee Code:.....
4. School / Department :.....
5. Date of Joining
6. Appointment Nature: Permanent / Temporary / Contractual / Adhoc / Guest Faculty / Visiting Faculty / other
7. Contact Number:WhatsApp Number:.....
8. Email ID.....
9. Permanent Address: ... Blood Group:.....

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Dist:.....State.....Pin Code.....

I apply for membership and agree to abide by the terms & conditions of V K G Memorial Central Library and its information Service, including those relating to acceptable use of Computer equipment on library premises, and agree to use of this data as set out in the terms and conditions.

Signature of Faculty/ Staff Member

We, the undersigned recommend & verify that the above-mentioned student has been admitted this year to this University as a student / Research Scholar.

Signature of HR Head

Signature of Registrar

10.	Library Membership Number/ Loan Register No.		Entitle to borrow Maximum books as per norms	
11.	Library RFID Card Number (If issued)		Librarian Name & Signature Date & Seal	

