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**Birla Institute of Technology & Science, Pilani**

**Pilani Campus**

**BITS LIBRARY MEMEBRSHIP FORM**

*Your*

*Photograph*

***Faculty Member***

The Librarian

BITS Library

Pilani Campus

This is to request you to kindly enroll me as a Member of BITS Library,

Pilani Campus. My personal particulars are given below:

|  |  |
| --- | --- |
| **PSRN** |  |
| **Name (in Block Letters)** |  |
| **Department** |  |
| **Designation** |  |
| **Date of Joining** |  |
| **Permanent Address** |  |
| **Tel No.** |  |
| **Mobile No.** |  |
| **Email ID (official)** |  |
| **Al****Alternate E-mail ID** |  |

I hereby agree to the following:

a. I promise to abide by all Library Rules, which may be made applicable from time-to-time.

b. I would be liable to pay any dues, in respect of damage/non return of Library books and fine payable for non-compliance of Library Rules and Regulations.

Signature of the Applicant: ……………………………………………………. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the HOD : ……………………………………………………. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Librarian: ………………………………………………………. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Office Use**

The Library Staff will create the patron account on LMS

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_