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

**Pilani Campus**

*Your*

*Photograph*

**LIBRARY MEMEBRSHIP FORM**

***Student-UG/Student-PG / Research Scholar***

The Librarian

BITS Library

Pilani Campus

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

Pilani Campus. My personal particulars are given below:

|  |  |
| --- | --- |
| **Student ID No:** |  |
| **Name (in Block Letters)** |  |

|  |  |
| --- | --- |
| **Department** |  |
| **Program Name** |  |
| **Category** | **FD/HD/Ph.D**If any other, please specify: |

|  |  |
| --- | --- |
| **Communication Adress:** | **Hostel (Full Name):****Room Number:**  |
| **Mobile No.** |  |
| **Email ID (BITS ID)** |  |
| **Al****Alternate E-mail ID** |  |
| Barcode No:  |  |

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 Librarian: ………………………………………………………. Date:…………………………………….