AMRAPALI GROUP OF INSTITUTES, HALDWANI

Faculty/ Staff Library Membership form

Appix latest photograph here

Membership No._____ **AIHM-LIBRARY**

Membership Form

Name : _____

Department : _____

Designation : _____

Address (with Mb. / Email) :_____

_____**Mb. No.** _____**Email:** _____

Joining Date : _____

Male/ Female : _____

Director/ H.O.D **Librarian** **Date**_____

Seal & Signature **Seal & Signature** **Signature of Faculty/ Staff**

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