



KOPAL INSTITUTE OF SCIENE & TECHNOLOGY, BHOPAL
(Approved by AICTE, Affiliated to RGPV and Govt. of MP)

APPLICATION FORM FOR LIBRARY MEMBERSHIP

Faculty / Student / / Non-teaching staff

University ID/Enrolment No: _____

Sir,

I wish to enrol as a member of the KIST Library. I have read the rules and regulations of the Library and abide by the same.

Name (in Capitals) : _____

Designation/Course : _____

Branch/Dept. : _____

Date of Joining : _____ Valid up to: _____

Permanent Address : _____

: _____

Present Address : _____

: _____

E-mail : _____

Mobile No : _____

Recommended by Dean/H.O.D./In-charge: _____

I hereby declare that the information given above is true and correct to the best of my knowledge.

Dated: **Signature of the Applicant** -----

----- **(For Office Use Only)** -----

Student Account No. _____ Created on: _____

Remarks: _____

Officer I/c