

M.I.M.E.R. MEDICAL COLLEGE
Talegaon Dabhade Pune - 410 507
MAHATMA GANDHI CENTRAL LIBRARY

MEMBERSHIP FORM

MEMBERSHIP NO.: _____

CATEGORY STAFF/ STUDENT

Dept. _____ Year of Admission _____

Designation _____ Roll No. _____

Order No. _____ Receipt No. & Date _____

Date of Joining _____ Date: / /20

To,
The Librarian
MIMER Medical College,
Talegaon, Pune – 410 507

Sir, Kindly enroll me as member of the library. I promise to abide all library rules, which may be made applicable from time to time. I would be liable to pay any dues, which I may owe due to my negligence or infringement of library rules. I certify that I am not already a member of this library in any capacity. My relevant particulars are as under.

Dr./Mr./Ms./Mrs. _____

Present Address: _____

Pin. _____ **Phone No.:** _____

Permanent Address: _____

Phone/ Mob.No. _____ **Email:** _____

Date of Birth: _____ **Blood Group:** _____

Signature of Applicant: _____

Remarks:

Principal

Librarian