LIBRARY MEMBERSHIP FORM
IPS ACADEMY

Duly attested by HOD

FILL IN THE FORM BY CAPITAL LETTERS

INSTITUTE

DEPARTMENT

NAME

SURNAME FIRST NAME MIDDLE NAME

COMPUTER CODE

SELECT ONE FACULTY ☐ STAFF ☐ STUDENT ☐ JOINING DT. (In Case of Faculty/Student)

IF A STUDENT PUT A TICK (✓) MARK IN THE APPROPRIATE BOX

COURSE

BA	BE	BSC	BCA	B.ED	B. PHAM	LLB	PGDLA	BHM	B. ARCH	M.ARCH	
MA	ME	MSC	MCA	B. TECH	B. LLB	B.F.A.	B.LIB	MBA	BBA	FASHION TECHNOLOGY	

SESSION 2 0 TO 2 0

MOBILE NO.

E-MAIL ADDRESS

FATHER'S/ HUSBAND'S NAME

SURNAME FIRST NAME MIDDLE NAME

MOTHER'S NAME

SURNAME FIRST NAME MIDDLE NAME

LOCAL ADDRESS

CITY _____ STATE _____ PIN

PERMANENT ADDRESS

CITY _____ STATE _____ PIN

DATE OF BIRTH DD/MM/YY

The information given above is true to the best of my knowledge and I agree to abide by the Library Rules notified time to time.

Signature or the Applicant
Date :

Note - Enclose a photocopy of admission receipt and two copies of stamp size photographs in which one is pasted in the form with attested by HOD and another is written by name, computer code, course and session.