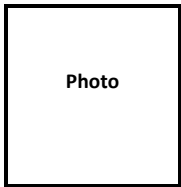


**M.I.M.E.R. MEDICAL COLLEGE
TALEGAON DABHADE
CENTRAL LIBRARY
LIBRARY MEMBERSHIP FORM**



MEMBERSHIP NO.:

CATEGORY

STAFF

Dept. _____
Designation _____
Order No. _____
Date of Joining _____

STUDENT

Year of Admission _____
Roll No. _____
Receipt No. & Date _____

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-

Name: Dr./Shri/Smt/Miss _____

(**Block Letters, Surname First**)

Present Address: _____

Pin.: _____ Phone No.: _____

Permanent Address: _____

Pin.: _____ Phone/Mob.No.: _____ E-mail: _____

Date of Birth: _____ Blood Group: _____

Signature of Applicant

Remarks:

Principal

Librarian