A. C. PATIL COLLEGE OF ENGINEERING, KHARGHAR, NAVI MUMBAI

<u>Library Membership Form (For Faculty)</u>

Surname:_____

First Name:_____

Designation:_____

Employee No:_____

Degree / Diploma:_____

Date of Birth:_____

Year of Joining:_____

Department:_____

Residential Address:_____

_____Pin Code: _____

Phone No (Res):_____

Mobile No.:_____

Gender:_____

E-mail:_____

Checked By:_____

Date:_____

Faculty's Signature:_____

Library Staff signature with date:_____

Note: Kindly submit 2 recent passport size Photographs