



INSTITUTE OF TECHNOLOGY
University of Kashmir, Zakura Campus, Srinagar 190006
Library Membership Form

Affix Photo

Full Name _____

Father's Name _____

Permanent Address _____

Department _____

Date of Joining _____

Contact No. _____

E-mail ID _____

Undertaking

I, the undersigned would like to apply for library membership as Contractual Faculty. The information given above is true to the best of my knowledge. I hereby undertake the responsibility to abide by rules & regulations time to time. In case of late return/loss or damage of any information resource borrowed by me, I am willing to pay the required amount.

Coordinator
(Seal & Signature)

I/C Library

Signature of the faculty