



**LIBRARY MEMBERSHIP FORM FOR STAFF**

Affix latest  
Passport size  
Photograph

NAME.....  
(In CAPS)

EMPLOYEE ID.....BLOOD GROUP.....

DESIGNATION.....

DATE OF BIRTH .....

DATE OF JOINING.....

CORRESPONDENCE ADDRESS.....  
.....  
.....

PERMANENT ADDRESS .....

PIN CODE ..... E-MAIL.....

PHONE NO.....(R).....(M).....

Approved by Director / Head of the Deptt.

Signature of Employee

(Name, Designation and Official Seal)

**FOR LIBRARY USE**

The Applicant is registered as a member of IIHMR Library, New Delhi with LIBRARY MEMBER CODE

Date.....

Signature of Librarian