



**All India Institute of Medical Sciences,
Rajkot, Gujarat, India.
CENTRAL LIBRARY**

LIBRARY MEMBERSHIP FORM

Name in Full (IN CAPS):

Date of Birth: Dept/ Sec/ Centre:

Designation: Contact No:

Alternate contact No.: Email:

(Attach Photocopy of ID Proof (Aadhar card / Voter ID / Driving License / Passport)) (2 Stamp Size Photographs)

Photograph

Present Address:

.....
.....

Permanent Address:

.....
.....

Rules & Regulations:

- By submitting this form, I agree to follow the Central Library policies, rules, and regulations.
- I agree to return borrowed materials by the due date or recall date.
- I will notify the Central Library of any change in my address.
- I will inform the Central library in case I lost my ID card.

Date:

Applicant's Signature

Recommendation from HOD/HOS/HOC:

Dr/Mr/Mrs has Joined AIIMS as

..... in the Dept./Sec/Centre: on/...../.....

Recommended for Membership for

Date:

Signature of HOD/HOS/HOC

For Library Use Only

CLID No:-

Date:

Signature & Seal
Incharge, Central Library