

SAHA INSTITUTE OF NUCLEAR PHYSICS

Sector-1, Block-AF, Bidhan Nagar, Kolkata-700064

LIBRARY MEMBERSHIP FORM (SINP/VECC)

Name (in block letters):

Institutional/Office Address (in block letters):

..... Internal phone extension No.:.....

Designation: Division/Section:.....

Residential Address:.....

..... Telephone No/Mobile No.:.....

SINP E-mail Address:

Name of Supervisor/Guide (If RF):..... E-mail:.....

I hereby declare that I shall abide by the rules & regulations of SINP library. If any library document(s) is/are lost/damaged from my custody, I shall replace the new edition of the document(s). I shall pay the cost of the book(s)/journal(s) as per existing rules.

Date:

(Signature of the Applicant)

RECOMMENDATIONS

I certify that the applicant is a Permanent Member/ Research Scholar/ Research Associates/ Visiting Scientists/ Others of our Institution. He/She is working in _____ Div./Sec./Dept. of this institution and may be allowed to avail the borrowing facility as per the existing library rules.

Date:

**Signature of the Head/Guide
With Official Stamp**

FOR OFFICE USE ONLY

Membership No. allotted: may be allowed to borrow items

Checked by: Date:

Chairperson, Library Committee

Received the Library Card.

Date:

Signature of the Applicant: