

# 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: .....