

SAHA INSTITUTE OF NUCLEAR PHYSICS

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

LIBRARY MEMBERSHIP FORM FOR EXTERNAL MEMBER

Name (in block letters):

Institutional/Office Address (in block letters):

.....

Designation: Telephone No:.....

Division/Dept./Section:..... E-mail:

Residential Address:.....

..... Mobile No:.....

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).

Date:

(Signature of the Applicant)

Recommendation by the Head of the Institute/Guide/if any where he/she is presently working.

Date:

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

FOR OFFICE USE ONLY

Membership No. allotted: Checked by: Date:

Chairperson, Library Committee

(For internet proxy)

Login Name: Password:

Allotted by: Date:

Received the Library Card.

Date:

Signature of the Applicant: