

GITARATTAN INSTITUTE OF ADVANCED STUDIES & TRAINING

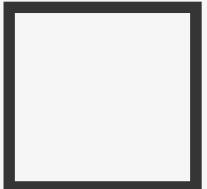
Block D, Pocket 15, Sector 7, Rohini, Delhi, 110085

SESSION: -----

LIBRARY MEMBERSHIP FORM 2021-23

COURSE:	
SEMESTER:	
YEAR:	

THE LIBRARIAN GIAST ROHINI, DELHI-110085 MADAM



KINDLY ENROL ME AS A MEMBER OF GIAST LIBRARY. I AM FURNISHING BELOW ALL MY RELEVANT PARTICULAR TO THE BEST OF MY KNOWLEDGE. I PROMISE TO ABIDE BY ALL LIBRARY RULES, WHICH MAY BE MADE APPLICABLE FROM TIME TO TIME. I WOULD BE LIABLE TO PAY ANY DUES, WHICH I MAY OWE DUE TO MY NEGLIGENCE OR INFRINGEMENT OF LIBRARY RULES.

	NAME (IN CAPITAL LETTERS): PRESENT ADDRESS:				
	ENROLLMENT NO.: PHONE NUMBER (RES.): MOBILE NO.: EMAIL ID:				
SIGNATURE OF APPLICANT		DATE		CLEARANCE CERTIFICATE ISSUED	
	PROGRAMME CO-ORDINATOR NAME: COURSE: DATE:	1	MEMBERSH CATEGORY:	OFFICE USE ONLY IP NO: KETS ISSUED:	
	SIGNATURE:		DATE OF EXPIRY:		