

CO-OPERATIVE INSTITUTE OF TECHNOLOGY
Library & Information Centre

MEMBERSHIP APPLICATION FORM

Students
must affix a
recent
passport size
photograph

Name :
(In Block Letters)

Designation with Dept.:
(For Staff only)

Adm .No.& Branch :
(For Students only)

Address :

Phone :

Mobile:

Email :

Undertaking : I shall obtain a clearance certificate from the Library & Information Centre in case of my transfer, resignation, semester registration etc.

Signature of the
applicant with date :

Recommendation :
(Principal)

Librarian