



SGT CENTRAL LIBRARY

FACULTY MEMBERSHIP FORM					
EMP ID:					
DATE OF JOINING:	LIBR	ARY MEMBEI	RSHIP NO:		
NAME OF THE STAFF:	DATE OF BIRTH				
DESIGNATION:					
DEPARTMENTOF:					
MOBILE NO:	DEPT. INTERCOM NO				
EMAIL ID:					
PERMANENT ADDRESS:					
POSTEL ADRESS:					
RESIDING IN SGT CAMPUS	YES ()	NO ()	
BLOCK NAME:	FLAT NO:				
DECOMMENDATION OF DEAN/DIRECT	TOD OF EVEL II TV				

SIGNATURE OF STAFF

DEAN/DIRECTOR