



ALIAH UNIVERSITY
II-A/27, Action Area II, Newtown, Kolkata- 700060
Library Membership Proforma (Faculty/Staff)

(Please fill in BLOCK Letters)

Salutation:

Name:

Department:

Employee Id:

Designation:

Staff Type (If casual mention Duration):

Date of Birth (DD-MM-YYYY):

Present Address:

Vill./House No:

P.O.:

P.S.:

Dist.:

PIN:

City:

Permanent Address:

Vill./House No:

P.O.:

P.S.:

Dist.:

PIN:

City:

Aadhaar No:

Phone/Mobile No.:

Emergency Contact:

Email:

Blood Group:

Validity (To be filled by library):

Date of issue (To be filled by library):

Father's/ Mother's/ Husband's/ Spouse's Name:

Date:

Signature

(For office use only)

(Signature with Stamp)
Head of the Department

(Signature with Stamp)
Library personnel

*Note: Send a soft copy of photograph and signature before submission to aliah.centrallibrary@gmail.com

*Contact: (033) - 23416439

Pin a Passport
Size
Photograph.