



ALIAH UNIVERSITY
17, Gorachand Road, Beniapukur, Kolkata, West Bengal, 700014
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 aliahlibrary1@gmail.com

*Contact: (033) - 23416438

Pin a Passport
Size
Photograph.