



# SCHOOL OF PLANNING AND ARCHITECTURE

4, Block-B, Indraprastha Estate

New Delhi-110002

## LIBRARY

LIBRARY MEMBERSHIP REGISTRATION FORM				
Full Name (In Block Letters)				Paste your passport size photograph
Membership Category (please place a tick mark)	Faculty Member	Visiting Faculty	Staff Member	
<b>For Faculty Members</b>				
Designation				
Date of Joining				
Date of Retirement				
Department				
<b>For Visiting Faculty</b>				
Date of Joining				
Duration of Semester	From		To	
<b>For Staff Members</b>				
Designation				
Date of Joining				
Date of Retirement				
Department/Section				
<b>For Students</b>				
Course				
Department				
Date of Admission				
Roll No.				
<b>Contact Details</b>				
Mobile No.				
Email ID				
Address				
Signature with Date				
<b>FOR OFFICE USE ONLY</b>				
Signature of Head of Department/Officer-in-Charge with Date				
<b>FOR LIBRARY USE ONLY</b>				
Member ID No.				
Membership Valid Upto				
Signature of Library & Information Officer				