



# Institute of Leadership Entrepreneurship and Development

## Library Membership Form

(To be filled in capital letters)

Full Name : \_\_\_\_\_

Department/Course: \_\_\_\_\_

Member's Category : Teaching/Non-teaching/External

Type of Association : Permanent/Adjunct/Visiting/Contractual

Permanent Address : \_\_\_\_\_

\_\_\_\_\_

Local Address : \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_ Phone (Residence): \_\_\_\_\_

E-mail ID \_\_\_\_\_

I agree to abide by the rules and regulations of the Library.

Date: \_\_\_\_\_

(Signature of Applicant)