

Maintenance Training Organization Exposition	Doc # _____
	Approval Date _____

LIBRARY MEMBERSHIP FORM

Name _____

Address (Correspondence) _____

Address (Permanent) _____

E. Mail Id _____

Mobile Number _____

Phone No. (Residence) _____

Course _____

Batch No. _____

Reg. No. / Employee No. _____

Dated _____

Signature of Member

FOR OFFICIAL USE ONLY

Category Student / Instructor / Temporary.

Membership Number _____, Date of membership _____

Membership Expiry Date _____, Access Level 1 / 2 / 3 / 4 / 5.

Dated _____

Signature of Librarian