

FCRIT LIBRARY

AGNEL TECHNICAL EDUCATION COMPLEX, SECTOR 9A

VASHI, NAVI MUMBAI – 400 703

I, the undersigned would like to apply for library membership. I hereby undertake the responsibility to replace or pay the value of any book, belonging to the library, which shall be lost or damaged by me and pay all fines and expenses in recovering the same in accordance with the rules by which I agree to abide.

Name in full, Mr./Miss./Mrs.:

Staff No.: Designation:

Address:

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Mobile No.:

Date:

Signature:

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I recommend that Mr./Miss./Mrs.: is working as in Department of

Humanities / Computer / Mechanical / Electronics and Telecommunication / Electrical / IT
may be given membership.

Signature:

Head of the Department

Signature:

Principal

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For Library use only

Date:

Membership No.

Librarian