ALL INDIA INSTITUTE OF SPEECH AND HEARING: MYSORE -06

Library and Information Centre

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**Student/JRF Membership Form**

1. Name (in capital letters) :

2. Name of the Course :

3. Duration of the Course :

4. Department (if applicable) :

5. Permanent Address :

6. Address for Communication :

7. Phone

a. Land line :

b. Mobile :

8. E-mail ID :

Declaration

I hereby declare that the information given above are true and correct to the best of my knowledge. I promise to abide by the rules and regulations of the Library and Information Centre.

Date: Signature of the Applicant

**For Office use only**

1. Membership ID :

2. No. Of borrowers cards issued :

3. No. Of borrowers cards returned :

Library and Information Officer