SHILLONG COLLEGECENTRAL LIBRARY

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Boyce Road, Shillong – 793003 (Meghalaya), Phone: 0364-2224903, Email: libraryshilcoll@gmail.com

LIBRARY MEMBERSHIP FORMFOR FACULTY/ STAFF MEMBERS

Please indicate: □ A new membership □ Renewal of an existing membership #_____ Kindly Enclosed Name 2 (Two) recent passport size photograph Date Month Year Date of Birth Designation Department +91Contact No. +91 Email ID Address City State Pin Code I have read carefully the rules ®ulation of the library and will abide by the same. Date: Signature: (OFFICE USE ONLY) Membership No.: ______Date: _____

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