



Indian Institute of Management Raipur
Library Membership Form

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(Faculty/Non Faculty)

(To be filled in capital letters)

Full Name: _____

Designation: _____ **Department:** _____

Employee Code: _____ **Date of Birth:** _____

Regular/Contract: _____

If Contract the tenure of appointment: From _____ **To** _____

Permanent Address: _____

Present Address : _____

Mobile: _____ **Phone (Office):** _____

E-mail ID (IIMR): _____ **(Other):** _____

Blood Group: _____ **Sex:** _____

Area of interest research: _____

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

Date: _____

(Signature of the Applicant)

For Library use only

Form submitted in the Library on: _____

Member ID in Libsys: _____

Librarian