



# Indian Institute of Management Raipur

Library Membership Form for Student

(To be filled in capital letters)

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Session: 20..... To 20.....

Roll No.: \_\_\_\_\_

Full Name: \_\_\_\_\_

Course/Programme: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Blood Group: \_\_\_\_\_ Sex: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone/Mobile No. (Father's/Mother's/Guardian's): \_\_\_\_\_

Present Address : \_\_\_\_\_

Mobile: \_\_\_\_\_ Phone (Office): \_\_\_\_\_

E-mail ID (IIMR): \_\_\_\_\_ (Other): \_\_\_\_\_

Specialization (for FPM & EFPM): \_\_\_\_\_

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**