



# YENEPOYA (deemed-to-be-University)

## CENTRAL LIBRARY

Nithyanand Nagar P.O., Deralakatte

Mangalore – 575 018

Phone: 2206067

### Yenepoya Medical/ Dental/ Physiotherapy/ Nursing College/ Institute Application Form for Library Membership – Staff

1. Employee ID: \_\_\_\_\_
2. Name of the Applicant: \_\_\_\_\_
3. Designation: \_\_\_\_\_ DOB : \_\_\_\_\_
4. Date of joining (dd /mm/ yy): \_\_\_\_\_
5. Qualification: \_\_\_\_\_ Department : \_\_\_\_\_
6. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Pin: \_\_\_\_\_  
Phone: \_\_\_\_\_
7. Address for Communication : \_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Pin: \_\_\_\_\_  
Phone: \_\_\_\_\_
8. Mobile Contact No. : \_\_\_\_\_ Phone: \_\_\_\_\_
9. Email ID : \_\_\_\_\_

*Note: Please attach passport sized Photographs - 3 Nos along with application.*

Date: \_\_\_\_\_

Signature of the Applicant

Signature of HOD: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

---

#### Space for Office Use

No. of Cards Issued : \_\_\_\_\_

Date: \_\_\_\_\_

Card Number's: \_\_\_\_\_

CHIEF LIBRARIAN