## AURORA'S SCIENTIFIC, TECHNOLOGICAL AND RESEARCH ACADEMY

Bandlaguda, Hyderabad - 500 005. Ph: 040 - 6457 3435



## LIBRARY APPLICATION FORM FOR STAFF

## (Fill all details in Block Letters)

1.	Name	:		
2.	Father / Husband Na	me :		Paste recent
3.	Branch	:		colour
4.	Date of Birth	:	Gender :	photograph
5.	Designation	:		
6.	Present Address	:	Permanent Address :	
7.	Mobile No.			
8.	E- Mail :			
	<u>Please</u>	enroll me as b	porrower. I shall abide by the library re	ules.
Dat	te		<u> </u>	ignature of Borrower
Foi	staff Use :			
1.	Application No.	:		
2.	Membership No.	:		
3.	Member Type	:		
4.	Registration Date	:		
5.	Expiry Date	:		
	nature of Receiving	_		ignature of Librarian

- 1. Enclose a colour photograph.
- 2. Enclose a copy of application proof slip.
- 3. Enclose a copy of certificate undertaking slip.