



PIONEER INSTITUTE OF PROFESSIONAL STUDIES

LIBRARY MEMBERSHIP FORM

For UG /PG/PHD

Year 2014-17/2015-18/2016-19

Application Form No. _____ Allotted Membership Card No. _____ DATE: _____

1.	Department	
2.	Name	
3.	Course	
4.	Scholar No.	
5.	Session	
6.	Gender (Male / Female)	
7.	Category	(Student/ Faculty/Visiting Faculty//Staff/PHD-Research Scholars)
8.	Date of Birth	
9.	Father Name	
10.	Mother Name	
11.	Local Address	
13.	Permanent Address	
14.	Contact No.	
15.	E-Mail I.D.	
16.	Caution Money Receipt No. & Date	
17.	Caution Money Amount	

Sign. Of the Student/Faculty

Sign. Of the Librarian

Sign. of the Director

NO DUES CLEARANCE

Ref. No. _____ DATE _____ SESSION/PERIOD _____

Scholar No. _____ CARD No. _____

Class/Year of Admission _____

Name of Students/Faculty/Staff/Research Scholars _____

LIBRARY-DUES/NODUES _____

LIBRARIAN NAME & SIGNATURE _____