Indian Institute of Technology Ropar
CENTRAL LIBRARY

Membership Form for the Academic Institutions & Government Departments

Authorized Person

1. Name of the organization:

2. Address :

3. Contact No (s):

4. E-mail Id:

5. Type of Membership: Borrowing facility ☐ Reference/consultation facility ☐

6. Name of the person(s) authorized to handle the membership:

Sr. No.	Name	Designation	Specimen Signature with Contact No.

- By submitting this form, we agree to obey the IIT Ropar library policies, rules and regulations.
- We agree to take care of borrowed reading materials and return them by the due date and recall date.
- We also agree to pay overdue charges, charges for the lost or damaged materials borrowed from the library as per the policy.
- We will notify the library of any changes in our addresses or contact details of nominees.

Enclosed herewith a Demand Draft / Cheque No._____, dated _____ for Rs_____ drawn in favour of "Registrar, IIT Ropar". The specimen signatures of nominated persons are attested by the undersigned**.**

Electronic/Wire transfer details:

Account Name: Library IIT Ropar **IFSC Code** **:** SBIN0013181

Account No : 37193776181 **MICR Code** **:** 140002008

Date :

Place: (Signature)

For IIT Ropar Library Use only

The Membership with / without borrowing/Consultation facility is granted for the period from _____ to _____.

Circulation In-charge **Deputy Librarian**