



**A.J. INSTITUTE OF ENGINEERING AND TECHNOLOGY**  
A Unit of Laxmi memorial Education Trust (R), Kottara Chowki, NH-66, Mangaluru  
**Library and Information Centre**

**Application form for Library Membership-Staff**

Employee Id: -----

Name of the Staff: -----

Department: -----

Designation: -----Date of Joining: -----

Address for Communication: -----

-----

-----

Permanent Address: -----

-----

-----

Mobile Number. : -----Tel. No. :-----

Email-Id.: -----

Date:

Signature of the Staff

-----

**Signature of HOD**

**Signature of Principal**

-----

No. of Cards issued:

Card Numbers:

**Signature of Librarian**