



Sri **Shanmugha**™

College of Engineering And Technology
(Approved by AICTE, New Delhi & Affiliated To Anna University)

Central Library

Library Membership Form for Faculty

(To be filled in capital letters)

recent
photograph

Full Name: _____ Qualification _____

Date of Birth: _____ Gender _____

Designation: _____ Department _____

Specialization: _____

Date of Joining: _____ Employee Code: _____

Permanent address: _____

Mobile: _____ Phone: _____

E-mail ID (SSCET): _____ (Other): _____

I agree to abide by the rules and regulations of the Central Library.

Date: _____

(Signature of the Applicant)

Principal

For Library use only:

Form submitted in the Library on: _____

Member ID in AUTOLIB: _____

Librarian

No Dues Certificate issued on (Date with Signature):