



**Amrapali Institute, Haldwani**  
**LIBRARY MEMBERSHIP FORM**

Passport Size  
photograph

Name : \_\_\_\_\_  
Father's Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

Email : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Membership No : \_\_\_\_\_  
Male/Female : \_\_\_\_\_  
Joining Date : \_\_\_\_\_

**Signature of Faculty/Staff**

Signature: Principal/Director

**Librarian**



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