

Dr.Mahalingam College of Engineering and Technology
Pollachi

Central Library

Date:

Membership Form

Name :
Staff ID :
Designation :
Department :
Date of Joining :
Date of Birth :
Category : Teaching Staff / Non-Teaching
Staff Address :

Mobile No :

E-mail ID :

Passport Size Photo

Note: You are requested to send your photo in JPEG format to library@drmcet.ac.in

I assure you that I will follow the rules and regulations of central library.

Signature of the Applicant

HOD

PRINCIPAL

Librarian