



बुन्देलखण्ड अभियांत्रिकी एवं प्रौद्योगिकी संस्थान
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Central Library
Library Registration Form
(For Staff Member)

Colour
Photograph
(Please Don't
staple)

1. Employee Code No. :.....
2. Full Name (Block Letters) Prof./Dr./Mr./Ms.:.....
4. Designation :.....
5. Department :.....
6. Date of Birth :.....
7. Blood Group :.....Sex (Male / Female).....
8. Address :.....
:.....
9. Phone No. :.....
10. Mobile No. :.....
11. E-Mail Address :.....
12. Valid Up To :.....

Signature

Date:.....

(Registrar's Signature)

For Library Use Only

1. Library Membership No. :.....
2. Date of Registration :.....
3. Registration Validity :From..... To.....

(Library Staff Signature)

Date:.....