

**National Institute of Advanced Studies Library**

Indian Institute of Science Campus

Bangalore 560012

Registration Form for Faculty

Name: Prof/Dr/Mr/Mrs/Ms/ \_\_\_\_\_

Designation: \_\_\_\_\_

Name of the School: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone(Off): \_\_\_\_\_ (Res): \_\_\_\_\_ (Mob): \_\_\_\_\_

Email: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Date of Joining: \_\_\_\_\_ Period of appointment (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

**For Library USE**

Member ID: \_\_\_\_\_ Validity \_\_\_\_\_