

National Institute of Advanced Studies Library

Indian Institute of Science Campus

Bangalore 560012

(Registration Form 3)

Project Staff and Interns

Name: Prof/Dr/Mr/Mrs/Ms/ _____

Designation: _____

Title of the Project: _____

Name of the School: _____

Supervisor: _____

Room No: _____ Floor: _____ Building: _____

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 _____