



# TAMIL NADU INSTITUTE OF URBAN STUDIES

(A Training cum Research Institute)

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## LIBRARY

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## PROFESSIONAL MEMBERSHIP FORM

(Student/Research Scholar/Faculty/Administrative Staff/Supportive Staff)

Name of the Person: \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female (Please ✓)

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

Course: \_\_\_\_\_

(Affix Passport Size  
Photograph)

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## Declaration

I, the undersigned would like to apply for Library Membership as **Professional Member (Student/Research Scholar/Faculty/Administrative Staff/Supportive Staff)**. I hereby undertake the responsibility to abide by rules of the library. In case of late return/loss or damage of any information resource borrowed by me, I am willing to pay the required amount.

Signature of the Applicant

Forwarded By

Approved By

Course Co-Ordinator/Guide

Director