

NIRMA UNIVERSITY, AHMEDABAD
**INSTITUTE of Technology / Management / Pharmacy / Science / Law /
Architecture & Planning / Commerce & NU**

Library Resource Centre
Membership Form

Date: _____

Name: _____

Department: _____ Designation: _____

Permanent Address: _____

Phone No: (R) _____ (M) _____

(O) Extn. _____ E-mail: _____

Permanent / Visiting / Adhoc Joining Date _____ Valid up to _____

Signature of Applicant

HOD / Dy. Registrar / Director

Librarian

Membership No: _____ Password: _____

Encl: Photocopy of Appointment Letter

For Library Use Only

Name: _____ Membership No: _____

Password: _____ Signature _____

Name: _____ Membership No: _____

Password: _____

(Using this password you can check your Library account (list of issued books, circulation history etc) through Online Library Catalogue/Library Search and you can also place hold any book by yourself through the Online Library Catalogue/Library Search (<http://librarysearch.nirmauni.ac.in>))

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