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**INSTITUTE of Technology / Management / Pharmacy / Science / Law /  
Architecture & Planning / Design / Commerce / NU**

**Membership Form**

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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

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Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

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

Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

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