

## Duplicate Card Form Library Membership for Visiting Faculty

## **FORE School of Management**

'Adhitam Kendra' B – 18, Qutub Institutional Area, New Delhi -110016

| ID                        | Library Member        | rship No                         | Date//                         |
|---------------------------|-----------------------|----------------------------------|--------------------------------|
| Name                      |                       |                                  |                                |
| Designation               |                       | Area                             |                                |
| Programme                 | Subject               |                                  | Section                        |
| I have lost/ misplaced n  | ny Library Membersh   | ip Card on dated//               | and lodged a FIR*,             |
| No dat                    | :ed//                 | . (please enclose the copy)      |                                |
| Request you to issue me   | the Duplicate Library | Membership Card. I undertake the | e responsibility of any misuse |
| of the lost card.         |                       |                                  |                                |
| The requisite fee* of Rs. | / vide receipt        | no dated/                        | / is deposited.                |
| (*please enclose the cop  | y)                    |                                  |                                |
|                           |                       |                                  | Signature of the Applicant     |
|                           |                       |                                  |                                |
| Signature of Manager, A   | cademic Services      | Signature of Dean, Academic Se   | rvices                         |
| Signature of Library Staf | f                     |                                  | Signature of Librarian         |
|                           |                       | , Library Membership No          |                                |
| applicant.                |                       |                                  |                                |
|                           |                       |                                  |                                |
| Date / /                  |                       | Signature                        |                                |