



INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH  
DWARKA, NEW DELHI-110075

LIBRARY MEMBERSHIP FORM FOR FACULTY/STAFF

NAME.....

(In CAPS)

EMPLOYEE ID..... BLOOD GROUP.....

DESIGNATION.....

DATE OF BIRTH .....

DATE OF JOINING.....

CORRESPONDENCE ADDRESS.....

.....

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PERMANENT ADDRESS .....

.....

PIN CODE ..... E-MAIL.....

PHONE NO.....(R).....(M).....

Affix latest  
Passport size  
Photograph

Approved by Director / Head of the Deptt.

Signature of Employee

(Name, Designation and Official Seal)

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Date.....

Signature of Librarian