

**CESS Library Membership Form for Project / Research Fellows**

Name :

Designation :

Division :

Project Title & Code :

Period of Appointment :

Permanent Address :

Address for Communication :

Telephone / Mobile Number :

E – mail :

This is to certify that information furnished above is true. I promise to abide by rules of the library.

Signature of Project / Research Fellow

This is to certify that Mr / Ms ..... is working as  
.....in the project (Title & Code).....  
.....

Term of appointment:.....

He / She may be permitted to borrow two books at a time from the library. I will be responsible for the book(s) issued to him / her.

Principal Investigator

Librarian