



**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (NIEPMD)**  
DEPARTMENT OF EMPOWERMENT OF PERSONS WITH DISABILITIES (DIVYANGJAN), MINISTRY OF SOCIAL  
JUSTICE & EMPOWERMENT, GOVT. OF INDIA,  
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**Library Membership Form**

Batch/Date of Joining: \_\_\_\_\_

Staff/ Student Name: \_\_\_\_\_

Department: \_\_\_\_\_

Course: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male  Female

ID Card No : \_\_\_\_\_

Contact No. (Mob.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Father/Guardian Name : \_\_\_\_\_

Email ID : \_\_\_\_\_

Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

Present Address : \_\_\_\_\_  
\_\_\_\_\_

Paste your recent  
passport size  
photograph do not  
pin or staple the  
photograph

**DECLARATION**

I agree to abide by the rules and regulations enforced from time to time and to pay the replacement value of the books and other material lost, damaged or destroyed whilst in my possession. The staff/ student must submit No dues clearance at the time of relieving Job/course Completion respectively.

Staff/Student Signature

HOD Signature

Dy. Registrar Admin/ Director

OFFICE SR.NO: \_\_\_\_\_

(Note: Please read the Library Rules carefully on the back side of this form)