



INDIAN INSTITUTE OF MANAGEMENT, LUCKNOW
ज्ञानोदय (Library : The Learning Resource Centre)
Membership Registration Form

Name: _____

Male ☐

Female ☐

Age

Occupation/Designation: _____

Organization: _____

Address for Communication: _____

City _____ PIN _____

Phone (O) _____ (R) _____ Fax _____

E-mail _____

Membership Fee Particulars:

Cash/ Cheque/Demand Draft Number _____

Date _____ Amount _____ Name and address of
the bank where the draft/ cheque is drawn _____

I wish to become a member of the Indian Institute of Management, Lucknow
Library and promise to abide by its rules and regulations.

Specimen Signature

Date:

For Office Use Only

Membership No. _____

Category of membership: Individual ☐ Institutional ☐

Types of Membership: Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Life ☐

Fee deposited in Accounts (Details) : _____

Membership valid till _____

Date:

I/C Reference & Information Services