



GOLDEN JUBILEE YEAR
(2012)



अमृतं तु विद्या

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Sardar Patel College of Engineering

MUNSHI NAGAR, ANDHERI (WEST), MUMBAI - 400 058.

Date _____

MEMBERSHIP FORM: Faculty/Adhoc Faculty/Visiting Faculty

I, the undersigned would like to apply for Library Membership as **Faculty/Adhoc Faculty/Visiting Faculty**. I hereby undertake the responsibility to abide by rules of the library. In case of late return/loss or damage of any library resources borrowed by me, I am willing to pay the required amount.

Name in full Mr/Miss/Mrs : _____

Specialization Subject : _____

Permanent Address: _____

Present Address : _____

Telephone No.(R), Mobile : _____

E-mail ID : _____

Date: _____ Signature: _____

I recommend that Mr./Miss/Mrs.: _____

may be given library Membership for the year _____

Head of the Department

आ नो भद्राः क्रतावो यन्तु विश्वतः ।

Let noble thoughts come to us from every side
Rigveda, 1-89-1