



Learning Resource Centre
Jaypee Institute of Information Technology, Noida

MEMBERSHIP FORM

(For Research Scholar)

Kindly fill the following details as required below –

Full Name:

Enrolment No:

Date of Enrolment:: .

Department:

Name of Supervisor:

Present Address:

Permanent Address:

Phone Number (Residence):

Mobile Number:

E-mail:

Paste your
recent
photograph here

Signature:

Date:

Signature: _____

Research Guide:

Head of Department:

LRC OFFICE

Membership No.:

Signature of LRM:

Date: