

**INSTITUTE OF PUBLIC ENTERPRISE
OU Campus Hyderabad – 500 007**

www.ipeindia.org

**Library Membership Form
Institutional / Individual**

Name of the Institution / Individual _____

Name of Contact Person _____

Designation _____

Mailing Address _____

Tel No. _____ Mobile _____

Email ID _____

Date:

(Signature)

.....
(For office use only)

Number of Cards Issued _____

Payment Details: Amount Rs. _____ DD / Cheque No. _____

Dated _____ Receipt No. _____ Date _____

Membership Period _____ Expiry Date _____