
APPLICATION FORM FOR LIBRARY MEMBERSHIP

PLEASE FILL IN CAPITAL LETTERS

NAME: _____

UNIVERSITY/INSTITUTE/OFFICE _____

UNIV/INST/OFFICE ADDRESS: _____

TEL. WITH STD CODE: _____

WEB-SITE: _____

RESIDENTIAL ADDRESS: _____

RESIDENTIAL TEL NUMBER: _____

PERSONAL MOBILE NUMBER: _____

MEMBERSHIP FEE RECEIPT NO.: _____ DATE _____

MEMBERSHIP ENROLLED: MEMBERSHIP NO.: _____

CARD RENEWAL DATE _____

DUPLICATE TICKET ISSUED: _____

UNDERTAKING

I hereby declare that above information is true to best of my knowledge and I shall solely responsible for safeguard of the reader ticket issued to me. I fully understand that the library ticket is Non-transferable and any loss occurred to library from misuse of it will be borne by me. I pledge not to disturb or cause any loss to library by any of my activities and also pledge to return the library ticket after expiry of my membership.

SIGNATURE OF Researcher