Code: ID: DATE:

|  |
| --- |
|  PHOTO |

**DEPARTMENT: LIBRARY**

 **APPLICATION FOR MEMBERSHIP**

 **(USE CAPITAL LETTERS ONLY)**

It is requested to enroll me as a member of the Departmental Library. My particulars are as follows:

Name of Faculty :

Father’s Name :

Mother’s Name :

Designation : Regular/Contract/Visiting/Other

Date of Appointment:

Local Address :

Contact/Mobile No. :

Email:

Permanent Address :

 Category : GEN/SC/ST/OBC: Date of Birth:

Classes taught : Session: Semester:

 **Signature of the Applicant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that Shri/Smt./Ku. is a Regular/Contract/ Visiting faculty member/staff of the School of Education and above information is verified. I recommended to provide membership in the Departmental Library.

**Head, S**OEd**u.**

 **Signature with seal**