Code: ID: DATE:

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| 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 :

Father’s Name :

Mother’s Name :

Local Address :

Telephone/Mobile No.:

Email:

Permanent Address:

Telephone/ Mobile No.:

Email:

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

Class: Session: Semester:

Fees Receipt No.: Date:

**Signature of the Candidate**

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This is to certify that Shri/Smt./Ku. is a regular

Student 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**