

Prescribed form for Category – ‘A’

SANT GADGE BABA AMRAVATI UNIVERSITY LIBRARY, AMRAVATI

Application for Membership

Membership No. _____

Category – A

Name in full (Surname first) Shri/Smt./Ku.(Block letters) _____

Address : Local _____

Permanent (Home) _____

Designation _____ Institution _____

I have read the library rules and undertake to abide by them.

Date _____

Applicant's Signature

To be certified by the Registrar

Recommended : The applicant is eligible under the category marked below.

(A) Authorities of the University

Status _____

Date _____

Signature

Sanctioned

Received – 05 B.T.(s) and Reading Room Card

Date

University
Librarian

Date

Signature of the Applicant