

Prescribed form for Category – 'D'

SANT GADGE BABA AMRAVATI UNIVERSITY LIBRARY, AMRAVATI

Application for Membership

Membership No. _____

Category – D

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 Head of the Institution

Recommended : The applicant is working in our Institution & may be granted library facilities under the category given below.

(D) Permanent teacher of the college affiliated to Sant Gadge Baba Amravati University.

Date _____

Head of the Institution
(With Stamp)

Received Rs. as library deposit / library subscription vide
receipt No. Dt..... for the period

Library Assistant

Sanctioned

Received _____ B.T.(s) and Reading Room Card.

Date : University
Librarian

Date : Signature of the
Applicant