

Prescribed form for Category – 'E'

SANT GADGE BABA AMRAVATI UNIVERSITY LIBRARY, AMRAVATI

Application for Membership

Membership No. \_\_\_\_\_

Category – E

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

Address : Local \_\_\_\_\_

Permanent (Home) \_\_\_\_\_

Designation \_\_\_\_\_ Section \_\_\_\_\_

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

Date \_\_\_\_\_

Applicant's Signature

To be certified by the Head of Dept. / Section Incharge

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

(E) Employee of the University.

Date \_\_\_\_\_

Head of the Dept. / Section In-charge  
(With Stamp)

Sanctioned

Received \_\_\_\_\_ B.T.(s) and Reading Room Card.

Date : University Librarian

Date : Signature of the Applicant