

Prescribed form for Category – 'F'

SANT GADGE BABA AMRAVATI UNIVERSITY LIBRARY, AMRAVATI

Application for Membership

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

Category – F

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

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To be certified by the Head of Dept / Principal

Recommended : He/She is bonafide student of this department and his/her membership of the University Library is recommended for the \_\_\_\_\_ Session

Date \_\_\_\_\_

Signature of H.O.D./Principal

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Sanctioned

University Librarian

Received \_\_\_\_\_ B.T.'s and Reading Room Card.

Dt. \_\_\_\_\_

Signature of the Applicant