

Prescribed form for Category – 'I'

SANT GADGE BABA AMRAVATI UNIVERSITY LIBRARY, AMRAVATI

Application for Membership

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

Category – I

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

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

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

Designation \_\_\_\_\_ Subject \_\_\_\_\_

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

Date \_\_\_\_\_

Applicant's Signature

I certified that the Candidate is a register research scholar of Sant Gadge Baba Amravati University working under me for Ph.D. research.

(I) Research Scholar

Date \_\_\_\_\_

Signature of the Guide

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