

Prescribed form for Category – ‘J’

SANT GADGE BABA AMRAVATI UNIVERSITY LIBRARY, AMRAVATI

Application for Membership

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

Category – J

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

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

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

Designation \_\_\_\_\_ Department \_\_\_\_\_

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

Date \_\_\_\_\_

Applicant's Signature

To be certified by the Head of Department

Recommended : The applicant is teaching in this department & may be granted library facilities under the category given below.

(J) Contributory teacher, of the University Departmentt.

Date \_\_\_\_\_

Seal of the Dept.

Head of the Dept.

Sanctioned

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

Date

University  
Librarian

Date

Signature of the Applicant