

Application for Library Membership (Teacher on Contract)

University Library
Sree Sankaracharya University of Sanskrit

Affix recent
stamp size
photograph

Name of the Applicant : Sri/Smt.....

Uty. ID Card No. :

Department :

Name of the Centre :

Address for Communication (In Capital Letters)	Permanent Address (In Capital Letters)
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.....
Email.....	Email.....
Tel.No.....Mob.....	Tel.No.....Mob.....
Pincode:	Pincode:

I have gone through the contents of the Library Brochure. I declare that, I shall abide by the rules and regulations of the library given thereof.

Kalady :

Date :

Signature of Applicant

Recommendation of the H.O.D

Sir/ Smthas joined duty in this department/section and he/she is recommended to enroll as a user in the University Library

Kalady :

Date :

Office Seal

Signature of the Head

For Office Use Only

Membership No. Allowed

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B.	No.					
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Date of Issue

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Date of Expiry

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No.of Books Permitted

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Signature of Issuing Staff

Signature of Librarian