LIBRARY

Central Sanskrit University
Shri RaghunathKirti Campus
Devprayag, Uttarakhand

Membership Form - Students

PhD		**Acharya (PG)**		**Shastri (UG)**	
Prak-Shastri (+2)		**Visitor**		**Others**	

(To be filled by Library Staff)

Membership No											Date						

Paste your photograph here

Personal Details: *(Please use Capital Letters)*

Name																						

Father's Name																			

Sex	Male		Female		Other	**Date of Birth**			

Department																			

Contact Number Details:

Mobile											**What's app**										

Email ID																					

Mailing Address:

																Pin						

DECLARATION: *I, the undersigned would like to apply for library membership. I will update to library of any change in my contact details. I agree to abide by the library rules. I will safely return back the books on due time. In case of loss of damage of any book, I undertake responsibility of replacing or deposition of fine as per the library rule.*

Dated: …….. Signature…….....

Verification of admission(by Office)

Fee Paid	***Yes / No***	***Date of Admission***	

Signature……..……..……Date…….

Recommendation by (HoD):

Name……..…….……..…. Signature……..……..……Date…….

Approval by (DIRECTOR):

Name……..…….……..…. Signature……..……..……Date…….

Librarian Remark: