



LIBRARY

Central Sanskrit University
Shri Raghunath Kirti Campus
Devprayag, Uttarakhand

Membership Form - Students

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

Paste your photograph here

(To be filled by Library Staff)

Membership No																				Date																		
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Personal Details: (Please use Capital Letters)

Name																																						
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Father's Name																																						
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Sex	Male	Female	Other	Date of Birth																																		
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Department																																						
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Contact Number Details:

Mobil e														What's app																									
Email ID																																							

Mailing Address:

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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)

<i>Fee Paid</i>	<i>Yes / No</i>	<i>Date of Admission</i>	
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Signature.....Date.....

Recommendation by (HoD):

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

Approval by (DIRECTOR):

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

Librarian Remark: