

Prescribed form for Category – 'B'

SANT GADGE BABA AMRAVATI UNIVERSITY LIBRARY, AMRAVATI

Application for Membership

Membership No. _____

Category – B

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

Address : Local _____

Permanent (Home) _____

Designation _____ Section _____

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

Date _____

Applicant's Signature

To be certified by the Head / Registrar of the Institution

Recommended : The applicant is working in our University & may be granted library facilities under the category given below.

(B) University Officer.

Date _____

Seal of the Section

Dy. Registrar / Registrar.

Sanctioned

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

Date

University
Librarian

Date

Signature of the Applicant