

Prescribed form for Category – ‘C’

SANT GADGE BABA AMRAVATI UNIVERSITY LIBRARY, AMRAVATI

Application for Membership

Membership No. _____

Category – C

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 working in the Department & may be granted library facilities under the category given below.

(C) Permanent teacher of the University Deptt./College.

Date _____

Head of the Dept./Principal
(with stamp)

Sanctioned

Received _____ B.T.'s and Reading Room Card

Date :

University Librarian

Date :

Signature of the
Applicant