

**DELHI UNIVERSITY LIBRARY SYSTEM
DEPARTMENT OF LIBRARY AND INFORMATION SCIENCE**

MEMBERSHIP APPLICATION FORM

I request that I may be enrolled as a member of the library. I promise to obey all its rules which I have read.

Full Name (Capital letters)

Father's Name

Category: Faculty/Staff /PhD/M.Phil./M.L.I.Sc./B.L.I.Sc.

Roll No Session Male / Female

Correspondence

Address.....
.....

Permanent Address

.....
.....

E-Mail Address :.....

Phone No. : Residence..... Mobile.....

Office.....

Deposit Receipt No. Date.....

Amount.....

Date..... Signature.....

I, the undersigned recommend that.....with membership no..... be enrolled as a member of the library. The information furnished by him/her has been verified by my office. I accept responsibility for due return of such books as are issued to him/her.

Signature and seal of Recommending Authority

Received Library Tickets,

Signature

University Librarian

CLEARANCE CERTIFICATE

Mr./Mrs./Miss.....

.....

Membership. Noof.....

.....Class.....Roll No.....

has returned his/her Library Tickets. Nothing is due from his/her.

Date.....

For University Librarian

