



**UNIVERSITY LIBRARY
CENTRAL UNIVERSITY OF JHARKHAND
BRAMBE - 835205, RANCHI (JHARKHAND)**

Library Membership Form for Faculty & Other Staff

Photo
1x1

Membership Type: Teaching Non-Teaching

Name (Block Letter): _____

Date of Employment(Enclose Copy of ID): _____ School/Dept.: _____

Designation: _____ Date of Joining: _____

Present Address: _____

_____ City: _____ Pin: _____

Email: _____

Phone: _____ Mob. _____

Permanent Address: Road/Area/ _____ H.N. _____

Distt _____ State _____ Pin: _____

Phone: _____ Mob. _____

Registration Validity: From _____ to _____

UNDERTAKING

I agree to abide by the library rules and regulations enforced from time to time.

Date: _____

Signature: _____

(Applicant)

I recommend that Mr./Ms/Dr./Prof.: _____ may be given library Membership.

Dean/HOD/Controlling Officer: _____

(Sign with stamp)

(For library staff only)

Membership No. _____ Date _____ Page No. _____

Date of Expiry / Clearence _____ Signature _____