



**UNIVERSITY LIBRARY MEMBERSHIP FORM**

**Library Use Only**

Membership No. \_\_\_\_\_ ID No. \_\_\_\_\_  
Deposit Rs. \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_  
Valid From: \_\_\_\_\_ Valid Up to: \_\_\_\_\_

**Assi. Librarian Sig.:**

**Librarian Signature:**

**Please tick mark from the relevant category:**

- UG Students  
 PG Students  
 Research Students  
 Teaching Staff  
 Non Teaching Staff  
 Others: \_\_\_\_\_

Stamp  
Size  
Photo

**Applicant Details:**

Dr./Mr./Mrs./Ms./ \_\_\_\_\_  
(In Capital letters only)  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Designation: \_\_\_\_\_  
School Name: \_\_\_\_\_ Course/ Programme: \_\_\_\_\_  
Semester: \_\_\_\_\_ Enrollment No. \_\_\_\_\_

**Current Address:**

City \_\_\_\_\_ Dist. \_\_\_\_\_ Pin \_\_\_\_\_  
Phone: \_\_\_\_\_ Student Mobile No.: \_\_\_\_\_ Father Mobile No.: \_\_\_\_\_  
E Mail Address: \_\_\_\_\_

**Permanent Address:**

City \_\_\_\_\_ Dist. \_\_\_\_\_ Pin \_\_\_\_\_

Above all Information is true to the best of my knowledge and belief.

I hereby agree to abide by the rules and regulations of P P Savani University Library in force from time to time.

Date:

(Signature of Applicant)

I recommend the above mentioned person who is a Student/Staff of this Institute for being admitted as a member of the P P Savani University Library.

Stamp & Signature  
Director/Head/Principal