

LIBRARY MEMBERSHIP FORM  
CENTRAL LIBRARY, JNU

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Registration No. ....

Year : .....

Name : \_\_\_\_\_

Are you enrolled  
in this university : .....

If Yes, Old Library ID \_\_\_\_\_

School : ..... Centre : ..... Course : .....

Local address : \_\_\_\_\_  
\_\_\_\_\_

Permanent address : \_\_\_\_\_  
State : \_\_\_\_\_ Pin No. : \_\_\_\_\_

State : \_\_\_\_\_ Pin No. : \_\_\_\_\_

Telephone No. if any : \_\_\_\_\_ (M) \_\_\_\_\_

Email : \_\_\_\_\_

Date :

Signature

For Office Use Only

ID NO:.....	Remark, If Any
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Signature of Membership In-charge