

PANJAB UNIVERSITY EXTENSION LIBRARY, LUDHIANA

Application Form for Library Membership

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Membership Category _____ M.No _____ Expires on _____ Date _____

I apply for the membership of the Panjab University Extension Library Ludhiana, and agree to comply with all its rules and regulations.

Name _____ Class _____ Roll No. _____

Father's Name _____ University Regd.No _____

Institution _____ Designation _____ Subject _____

Previous Membership No. of library (if any) _____

Permanent Address _____

Correspondence Address _____

Contact Number: Phone (Land Line) _____ Mobile Phone _____

E-Mail _____ Signature _____

RECOMMENDATION (BY HEAD OF THE INSTITUTION)

I recommend Mr./Miss/Mrs. _____ Students/teacher/employee of this institution may be enrolled as a member of Panjab University Extension Library, Ludhiana. The Institutions undertake to obtain clearance at the time of his/her leaving the institution and accept responsibility for any loss which the Extension Library may suffer on account of this membership.

Head of the institution
(With Seal impression)

I have thoroughly read & understood the terms & conditions for the use of library. I agree to obey rules & regulation of the library.

Member's Signature & Date

PANJAB UNIVERSITY EXTENSION LIBRARY, LUDHIANA

[] New [] Renewal

Security Realised vide Receipt No _____ Dated _____ for Rupees _____

Annual subscription Realised vide Receipt No _____ Dated _____ for Rupees _____

Dealing Official