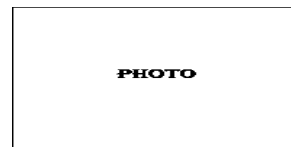




DELHI UNIVERSITY LIBRARY SYSTEM

Student's Membership Application

The Librarian



Two Photographs of the applicant
in stamp size to be attached

I request that I may be enrolled as member of the Library.

Full Name (Capital Letters) _____

Date of Birth _____ E-mail: _____ Mob. /Ph _____

Class _____ Year _____ Subject _____ Roll No _____

Univ. Deptt. / College _____

Father's Name _____

Residential Address _____

Permanent Address _____

Receipt No. and date of payment made:

Ann.Subsc.	Security	LDF	Other
Rs. 12/-	Rs. 500/-	Rs. 200/-	Fee/Fund
_____	_____	_____	_____
_____	_____	_____	_____

Signature of the Applicant

Date _____

UNDERTAKING

I promise to obey all the Library rules which I have read and accept responsibility for due return of books which are issued to me.

Signature of the Applicant

Date _____

RECOMMENDATION

Mr/Ms. _____
may be enrolled as a member of the Library. The information furnished by him/her has been verified and found correct. The Departments/College will ensure that the applicant gets the clearance after obtaining No Dues certificates from DULS.

Signature & Name of Supervisor
(For Research Students only)

Signature and Seal of
Recommending Authority

Counter-sign of the HOD Univ. Deptt.
(For PG Students registered in Colleges)

Received Membership
Card/_____ Ticket

Deputy Librarian I/c

Signature of the Member