

Membership No.: _____



SOUTH CAMPUS LIBRARY
UNIVERSITY OF DELHI SOUTH CAMPUS

Benito Juarez Road, New Delhi-110021

Application for Library Membership

(Faculty Member / Non-Teaching Staff / Ph.D., M.Phil, P.G Students)

Name :(IN BLOCK LETTERS) _____

University Deptt/College: _____

Permanent/Temporary/Ad-hoc/Co-Operative: _____

Designation: _____ Department: _____

Date of Superannuation: _____

Previous Membership No. (If any): _____

Permanent Address: _____

Present Address: _____

Tel (Res.): _____ Off.Ph.No.: _____

Mobile No.: _____ Email Id: _____

Year of admission*: _____ Class Roll No:* _____ Course:* _____

Final Year of Examination:* _____

Father/Guardian Name:* _____ Mobile/Ph.No.: _____

South Campus Fee Deposit Receipt No:* _____ Date:* _____ Amount:* _____

Signature with Date

Verified:

Head of Department/Principal

For office Use only

Member ID No.	Total No. of Tickets: Valid upto:
Remarks, if any	

ID Card/Readers' Tickets Received

Signature: _____

Dealing Assistant: _____

Incharge Circulation Section: _____

*For Students only.