



दिल्ली विश्वविद्यालय पुस्तकालय प्रणाली

DELHI UNIVERSITY LIBRARY SYSTEM

केंद्रीय पुस्तकालय

CENTRAL LIBRARY

Ph. : 27667848, Fax : 27666404, e-mail librarian@du.ac.in

Registration Form

1. Name of the Applicant/Firm :
2. Address :
(Attach documentary proof)
3. Constitution of the Applicant :
Proprietor/Partnership/Company
(List of Partners/Directors in case of Firm/company)
4. Telephone Nos. & Email :
5. Turnover for the last three years :
(Attach documentary proof)
6. List of regular clients with the :
name of contact person and
telephone No. (Attach list of client)
7. Permanent Account No. (PAN) :
(Attach photocopy)
8. Registration No. :
(Attach photocopies)
9. If you are Supplier/Distributor, Pl. provide list of :
publishers to whom you represent
(Attach authorization certificate)
10. Income tax return 3 years :
11. EMD details:-
Bank Details :
Detail of Bank draft as processing amount. (Rs.10,000.00)
(Rs. Ten thousand only) in the form of crossed D.D. in favour of "Registrar, University of Delhi, Delhi"
payable at Delhi.



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UNDERTAKING

I/We undertake that:

1. I/We shall participate actively in the supply of Print (Foreign and Indian) and individual online journals to the libraries under DULS.
2. The information given above is correct. Any change in the above information shall be intimated immediately.
3. I/We have carefully read the terms and conditions for subscription of print (Foreign and Indian) and individual online journals to the libraries under DULS as amended from time to time and agree to supply journals on the terms and conditions prescribed by the University.
4. I/We shall be liable to action as deemed fit by the University for any misrepresentation or suppression of facts, malpractices if any, adopted by the firm or its employees whenever such acts are noticed.

	Signature	:
		(Authorized signatory)
Stamp of Applicant	Name	:
	Designation	:

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