

(A Central University) Suryamaninagar- 799022

CENTRAL LIBRARY EMPLOYEE MEMBERSHIP FORM

Name (in Capital Letters)	Please paste
Gender (Male/Female):	recent color pass photo size
Designation:	photograph
Employee Code:	
Department/Branch/Center:	
Category (UR/SC/ST/OBC/PWD/etc.:	
Date of Joining the University:	
Communication Address:	
Dist./CityState:	IN
Permanent Address:	
Dist./CityState:P	IN
Mobile No.:Email ID:	
DECLARATION	
I hereby declare that the information furnished above is true and correct to the best of must further declare that I will abide by the rules and regulations of the Central Library, where the formation to the contral Library.	-
applicable from time to time.	ecommended
Signature of the Applicant	HOD
Date: Signa	ture with Seal
 Documents Required: Photocopy of permanent address proof (Aadhaar Card/Voter ID Card, etc.) Photocopy of acceptance letter with Employee ID Card. 	
FOR OFFICE USE ONLY	
Membership No:	

Assistant Librarian

Membership (i/c)

Librarian

Library Professional

(Dealing Assistant)