

PARIJA LIBRARY
UTKAL UNIVERSITY, VANIVIHAR,
BHUBANESWAR-4

MEMBERSHIP APPLICATION FORM

I request that I may be enrolled as a member of the Parija library. I promise to obey all its rules which I have read.

1. **Full Name (Capital letters)**.....

2. **Father's Name**.....

3. **Mother's Name**.....

4. **Category:** Faculty / Staff / PG / MPhil 5. **Male /Female**

6. **Department**.....

7. Roll No..... Session.....

8. **Correspondence Address**

.....
.....

9. **Permanent Address**

.....
.....

10. E-Mail Address:

11. **Phone No. :** **Whatsaap No.**.....

Date.....

Signature.....

For Office Use Only

I, the undersigned recommend that with membership No.....be enrolled as a member of the library. The information furnished by He / she has been verified by my office. I accept responsibility for due return of such books as are issued to him/her.

Technical Assistant
Circulation Section

Assistant Librarian
Circulation Section

Chief Librarian
Parija Library

Paste your recent
Passport Size
Photograph