KERALA UNIVERSITY LIBRARY

APPLICATION FOR INSTITUTIONALMEMBERSHIP

For Office use only	
Membership No.	

Name of the Institution (in Capitals) _____

_____

Address (in Capitals) with Pin Code _____

_____

_____

Head of the Institution _____

_____

Phone/Mobile (Office) _____

E-mail Address _____

Librarian / Contact Person _____

Phone/Mobile _____

Subject of Interest _____

DO NOT FOLD THE APPLICATION FORM

DECLARATION

We desire to become a member of the University Library and if admitted, we hereby agree to abide by the library rules, to be responsible for materials lent to us and pay for any items lost or damaged while in our care.

Name & Signature of the Head of the Institution _____

_____

Place :
Date :

Office Seal

Admitted on :	University Librarian :

Instructions

1. Application for Institutional Membership shall be signed by the head of the Institution
2. Annual Subscription Charge of Rs. 5000/- has to be remitted in cash at the time of admission.

DO NOT FOLD THE APPLICATION FORM