KERALA UNIVERSITY LIBRARY

APPLICATION FOR MEMBERSHIP
TEACHERS OF AFFILIATED COLLEGES

(To be filled up by the applicant and recommended by the Head of the Institution)

For Office use only	
Membership No.	

Name (in Capitals) _____

College / Department _____

_____

Designation _____

Subject taught _____

Present Residential Address (in Capitals) with Pin Code_____

_____

_____

Permanent Address.(in Capitals) with Pin Code _____

_____

_____

Phone/Mobile _____

E-mail Address _____

DO NOT FOLD THE APPLICATION FORM

DECLARATION

I .....desire to become a member of the University Library and if admitted, I agree to abide by the Library rules in force from time to time and the decision of the University Librarian regarding them. I shall notify the Library regarding the change of my address, if any due to transfer retirement or other reasons.

Date_____/____/_____ Signature _____

Recommendation of the Principal

Shri/Smt /Kum. _____

is a _____ in this college / Department and I recommend him/ her for membership in the University Library.

Name _____ Signature_____

Place :

Date :

Office Seal

Admitted on :	University Librarian :

Instructions

1. A membership deposit of Rs. 1000/-+ Annual Subscription of Rs. 500/-

2. A recent Passport size photograph should be produced along with this application for the Membership Card.

3. Members should keep the Library informed of any changes of address during the period of their membership. Failure to do so may even entail the forfeiture of the membership.

4. For every renewal of membership the members are requested to produce a continuance certificate from the Head of the Institution concerned.

DO NOT FOLD THE APPLICATION FORM