KERALA UNIVERSITY LIBRARY

APPLICATION FOR MEMBERSHIP
TEACHERS OF THE UNIVERSITY DEPARTMENTS

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

For Office use only	
Membership No.	
Date of Expiry	

DO NOT FOLD THE APPLICATION FORM

Name (in Capitals) _____

Name of the Department _____

_____

Designation _____

Date of Retirement _____

Present Residential Address (in Capitals) with Pin Code_____

_____

_____

Permanent Address.(in Capitals) with Pin Code _____

_____

_____

Phone/Mobile _____

E-mail Address _____

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 Head of the Department

Dr/ Shri/Smt /Kum. _____

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

Name _____ Signature_____

Place :

Date :

Office Seal

Admitted on :	University Librarian :

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Instructions

1. A membership deposit of Rs. 1000/- has to be remitted in cash at the time of admission.

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.