

Application for Membership - Staff

Membership No. :

Name of Applicant :
Date of Birth :
Blood Group :
Designation :
Address of Institution :
Permanent Address with Phone No. :
Email ID :



DECLARATION

I do hereby agree to obey the Rules and Regulation of KAU Library and Information System in force from time to time.

Signature of Applicant

RECOMMENDATION OF THE HEAD OF INSTITUTION

Recommended. I do hereby undertake that Mr./Ms./Dr.
..... will be relieved from this Institution only after obtaining "Non Liability Certificate" from the Librarian, Central Library, KAU.

Office Seal

Signature
Head of Institution

Order of the Librarian

Mr./Ms./Dr. is enrolled as a member of the Central Library with effect from Membership No.
(Remitted ₹ * Rt. No. dated))

Librarian