

MEMBERSHIP NO:

**GADVASU LIBRARY
APPLICATION FORM FOR MEMBERSHIP FOR GADVASU RETIREES**

Name: _____

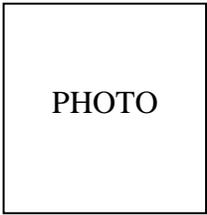
Date of Birth: / /

Father's Name: _____

Designation _____

Email : _____ Tel./Mobile : _____

Permanent Residential Address (attach proof) _____



I agree to abide by the rules and regulations of the GADVASU Library. I also agree to the rules relating to copyright.

Date: / /

Signature: _____

.....
Dr./Mr./Ms. _____ has retired as faculty/employee from the department of _____ College of _____.
His/Her PPO No. is _____

Head of Deptt.
(Seal)

Dispatch No:

Date:

.....
FOR OFFICE USE

May be allowed to use this library as per university rules.

Incharge Circulation Division

Allowed

University Librarian

Received Rs.500/- as refundable security on account of library membership vide receipt

No. _____ dated _____

Cashier (Library)

Checked and verified

Incharge Circulation Division

Library Card No _____ received

Signature