



CENTRAL LIBRARY

Kasturbadham (Tramba), Bhavnagar Road, Rajkot 360 020
Phonel:0281-2785116, Ext.:105 email:-central.library@rku.ac.in

Library Membership Form for Staff

Photo

To,
Director,
School of:
Department:
Date:

Respected Sir,

Kindly enroll me as Member of the collage library, I mention below all my relevant particulars. I Promise To abide by all library rules which may be application form time to time. I would be liberal to pay dues. Which I shall owe due to my negligence or due to infringement of library rules.

Note: Please fulfill all information in Block Letters

A Member's Personal Information

1. Last Name : _____ First Name : _____ Middle Name : _____
2. Date of Birth : ___/___/_____
3. Member Type : _____ (General/OBC/ST.SC)

B Member's Academic Information

1. Category : _____ (Teaching Staff/Non-Teaching Staff)
2. College : _____
3. Department : _____
4. Course/Designation: _____
5. Year of joining: _____
6. Roll No. : _____

C Member's Contact Information

Present Address: _____

City: _____ Pin: _____ Mobile: _____ Phone: _____

Permanent Address: _____

City: _____ Pin: _____ Mobile: _____ Phone: _____

Email: _____

I certify that the information given above is correct to the best of my knowledge.

Member's Sign

Principal/HOD

Librarian