



UNIVERSITY OF HYDERABAD
Indira Gandhi Memorial Library

APPLICATION FORM FOR LIBRARY MEMBERSHIP

Faculty / Student / Research Scholar/ Non-teaching staff

University ID/Enrolment No: _____

(PLEASE FILL ALL THE DETAILS IN CAPITAL LETTERS)

Sir,

I wish to enrol as a member of the University Library. I have read the rules and regulations of the Library and abide by the same.

Name : _____

Designation/Course : _____

School/Centre/Dept. : _____

Date of Joining : _____ Valid up to: _____

Permanent Address : _____

: _____

Present Address : _____

: _____

E-mail : _____

Mobile No : _____

Name of the Guide In case of Research Scholar: _____

Recommended by Dean/H.O.D./In-charge: _____

I hereby declare that the information given above is true and correct to the best of my knowledge.

Dated: _____ Signature of the Applicant -----

----- (For Office Use Only) -----

Patron Account No. _____ Created on: _____

Remarks: _____

Circulation Counter staff

Officer I/c