

CENTRAL UNIVERSITY OF KARNATAKA LIBRARY Kalaburagi

APPLICATION FOR LIBRARY MEMBERSHIP (Student) Kindly fill all the details in capital letters

To: The Librarian, Central University of Karnataka.

Sir,

I, the undersigned student/research scholar wish to apply for Library Membership of Central University of Karnataka and here by agree to abide by all rules and regulations of the University Library and make good any loss or damage to books etc. Incurred through any act or negligence on my part.

Name (in block letters):					
Blood Group	Name of the Dept	Name of the Dept			
Course Program:	Year	Semester			
Permanent Address:					
Present Address :					
E-mail:					
Name/ Dept. /Guide (In case of Research Scholars)					
ENDORSEMENT BY THE DEPARTM I recommend the above student of the student would be allowed to appear for	ENT his department for being adm	5	ibrary. The		

		Signature of the Dean/HOD With Department Seal		
For Office Use in Librar	у			
Valid up to	ID Card No	Created on		

Latest

Photograph & sign in

below box

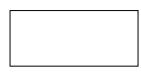


CENTRAL UNIVERSITY OF KARNATAKA LIBRARY GULBARGA

APPLICATION FOR LIBRARY MEMBERSHIP (Staff) Kindly fill all the details in capital letters Latest Photograph

To: The Librarian, CUK Library

Sir,



I wish to apply for membership and here by agree to abide by all rules and regulations of the University Library and make good any loss or damage to books etc. Incurred through any act or negligence on my part.

Name (in block letters):				
	(First Name)	(Middle Name)	(La	ast Name)
Designation:	Dept.	:	School of	
Date of Joining:		_D.O. Birth:	Blood Grou	1 <u>b:</u>
Permanent Address:				
Present Address				
E-mail:		Contact No:		
I hereby declare that the ir	formation given is true	and correct to the best	of my knowledge	
Dated:			Signature	of the Applicant
Recommended by Dean/HOD/IN-Charge:	Sigr	nature &Seal		Registrar
For Office Use in Library				
Valid up to	ID (Card No	Date	
•				