



Central University of Karnataka

**CENTRAL UNIVERSITY OF KARNATAKA LIBRARY  
Kalaburagi  
APPLICATION FOR LIBRARY MEMBERSHIP (Guest & Contractual)**

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To,  
The University Librarian,  
Central Library,  
Central University of Karnataka  
Kalaburagi - 585367

Sir,

I wish to apply for membership and hereby 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) (Last Name)

Designation: \_\_\_\_\_ Dept: \_\_\_\_\_

Date of Joining: \_\_\_\_\_ D.O.Birth: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Present Address \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact No: \_\_\_\_\_

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

**Dated:** \_\_\_\_\_ **Signature of the Applicant**

**Head/Co-ordinator:** \_\_\_\_\_ **Dean** \_\_\_\_\_ **Registrar** \_\_\_\_\_

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