



**CENTRAL UNIVERSITY OF KARNATAKA LIBRARY
Kalaburagi**

APPLICATION FOR LIBRARY MEMBERSHIP (STUDENT)

Kindly fill all the details in capital letters

Latest
Photograph &
sign in below
box



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

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. _____

Course Program: _____ Year _____ Semester _____

Permanent Address: _____

Present Address : _____

E-mail: _____ Contact No: _____

Name/ Dept. /Guide
(In case of Research Scholars) _____

ENDORSEMENT BY THE DEPARTMENT

I recommend the above student of this department for being admitted as a member in University Library. The student would be allowed to appear for Examination/Viva only after production of Library No Due Certificate.

**Signature of the Dean/HOD
With Department Seal**

For Office Use in Library

ID Card No..... Created on..... Valid up to.....