



Central University of Karnataka

**CENTRAL UNIVERSITY OF KARNATAKA LIBRARY  
Kalaburagi**

**APPLICATION FOR LIBRARY MEMBERSHIP (STAFF)  
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 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**

**For Office Use in Library**

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

**Circulation Section**

**Asst. Librarian**

**University Librarian**