Sher-e-Kashmir University of Agricultural Sciences and Technology of Kashmir

Form No.: **Batch year:**

Sheikh-Ul-Aalam Library - Shalimar

Library Membership Application Form

Please Use Blue Pen Only.

Name (In Block letters):

Parentage (In Block letters):

Date of Birth

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☐ **Male** ☐ **Female**

Main Address:

Street Number

Address

Address Line 2

City

State

Zip/ Postal Code

Latest PassPort Size Photograph

Contact:

Primary Phone

Secondary Phone

Primary e-mail

Division: _____

Category: ☐ **UG** ☐ **PG** ☐ **Ph.d** ☐ **Staff** ☐ **Temporary**

Please enroll me as a member of the Library. I shall abide by all library rules and regulations

Signature of the Member

Recommended by
Dean/Director/HOD/Incharge (Sign. with stamp)

_____

For Office use only:

Card number

I/C Circulation **University Librarian**

Received library membership card today on _____

Signature of card holder