

Devi Ahilya Vishwavidyalaya, Indore School of Computer Science & IT

Khandwa Road, Takshashila Campus, Indore (MP) INDIA – 452 017 Phone No.: +91-731-2438540,Fax:2761358 email: head.scs@dauniv.ac.in

Session:-2015-2016

Code:	ID:	DATE:	
It is requested to 6	DEPARTMEN APPLICATION FOR SO (USE CAPITAL LI enroll me as a member of the	C/ST MEMBERSHIP ETTERS ONLY)	РНОТО
Particulars are as			
Name	:		
Father's Name	8		
Mother's Name			
Local Address			-
		E-mail	
Permanent Addre			=
Tel.No.		E-mail	
Nationality	_Category: SC/ST	Date of Birth	
Class	Session	Semester	
If renewal Last Membership No		Session	
Bank Challan No	Date	Enrollment No	_
Enclosed SC/ST	category certificate photocopy	y Signature Candid	late
	*		
This is to certify th		is regu	
Student of school of	of Computer Science & Inform	ation Technology and above Info	rmation is verified.
I recommended to	provide membership in the Dep	partmental library.	OTT.

Head, SCSIT Signature with seal



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Session:-2015-2016

Code:	ID:	_ DATE:	
	DEPARTMENT LIBRE PLICATION FOR MEM E CAPITAL LETTE	BERSHIP	РНОТО
I would like to become m Name Father's Name Mother's Name Local Address	ember of the departmental Libration		
	Mobile No		
Class If renewal Last Me	Mobile No tegory: GEN/SC/ST/OBC_ Year_ mbership No Date	Semester Year	
		Signature	Candidate
This is to certify that Sh Student of school of Information is verified library.	nri/Smt./Ku Computer Science & Info I recommended to provide	ormation Technology	is regular y and above Departmenta

Head, SCSIT Signature with seal



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	Session:-2	N 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Code:	ID:	DATE:	
	DEPARTMEN'	T LIBRARY	
	APPLICATION FOR		РНОТО
	(USE CAPITAL LE	TTERS ONLY)	111010
It is requested to	enroll me as a member of the	departmental Library. My	Particulars are as
follows:			
Name	:		
Father's Name	:		
Mother's Name	:		
Local Address	:		
Tel. No	Mobile No	E-mail	
Permanent Addres	ss :		
	-	0000	
Telephone No	Mobile No	E-mail	
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	Session		
Date of Birth	Date of Appointment	Designation_	
Regular/Contract/	Visiting:		
		Signat	ture Candidate
	6		
	rtify that Shri/Smt./Ku	aculty of school of Con	is
Information Tech	isiting:fa nnology and above Informat e Departmental library.	tion is verified. I recomm	nended to provide

Head, SCSIT Signature with seal