



GAUTAM BUDDHA UNIVERSITY

Bodhisattva Dr. B. R. Ambedkar Library

Library Registration Form

(For Staff Member)

1. Employee Code No. :.....
2. Full Name (Block Letters) Dr./Mr./Ms.:.....
3. Sex (Male/Female) :.....
4. Designation :.....
5. Department/School :.....
6. Date of Birth :.....
7. Address Permanent :.....
.....
.....
8. Phone No. :.....
9. Mobile No. :.....
10. E-Mail Address :.....
11. Valid up to :.....
12. Blood group :.....

Colour
Photograph
(Please don't
staple)

(Signature)

Date:.....

(Registrar's Signature)

For Library Use Only

1. Library Membership No. :-.....
2. Date of Registration :-.....
3. Registration Validity From..... To.....

(Library Staff's Signature)

Date: