



GAUTAM BUDDHA UNIVERSITY

Bodhisattva Dr. B. R. Ambedkar Library

Library Registration Form

(For Research Scholar)

1. Registration No. :
2. Full Name (Block Letters) Mr./Ms.:
3. Sex (Male/Female) :
4. Designation :
5. Department/School :
6. Date of Birth :
7. Address :
.....
.....
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:

(Guide's Signature)

(Dean's Signature)

For Library Use Only

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

(Library Staff's Signature)

Date: