GAUTAM BUDDHA UNIVERSITY

Bodhisattva Dr. B. R. Ambedkar Library

Library Registration Form

(For Faculty Member)

1. Employee Code No.   :..

2. Full Name (Block Letters) Prof./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:...........................

(Dean's Signature)

_____

For Library Use Only

1. Library Membership No.   :-...

2. Date of Registration   :-...

3. Registration Validity   From................................. To...............................

(Library Staff Signature)

Date: ....