

Form No: 171938

**A.C. JOSHI LIBRARY  
PANJAB UNIVERSITY, CHANDIGARH**

Membership No.

Membership Application Form



Name : **Riya Bansal**  
Father Name : **Manoj Kumar** Mother Name : **Seema Bansal**  
Birth Date : **14-Jan-2001** Gender : **F**

Contact Details:

Address : **GH9, room no. 503, Panjab University, Chandigarh**

Mobile : **9815948823** E-mail : **ue205091.riya.ece@gmail.com**

Permanent Address : **h.no.7, New Grain Market, Sullar Gharat, Sangrur, Punjab**

Other Details:

Department : **UIET** Designation : **Student**  
Class : **B.E. (ECE) IV** Blood Group : **O +ve**

1. This department/College is affiliated to the Panjab University, Chandigarh.
2. Undertake that he/she will get clearance certificate from you at the time of leaving this Department/College.

Signature & designation of the Recommending Authority

Certified that Mr./Ms ..... is a confirmed employee.

Office Superintendent (Estt.)

I am not already member of this Library. Please enroll me as a member of A.C. Joshi Library, Panjab University, Chandigarh. I agree to conform to the rules and regulations of the Library and shall pay any dues which may result through their infringement.

(Applicant's Signature and date)