

Form No: 144774

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

Membership No.

Membership Application Form



Name : **Suhel Khan**

Father Name : **Ramniwas**

Mother Name :

Birth Date : **30-May-2000**

Gender : **M**

Contact Details:

Address : **village Jalalpur kalan , P.O. Intal kalan , dist Jind ,  
Haryana**

Mobile : **9588321151**

E-mail : **suhel7822@gmail.com**

Permanent Address :

Other Details:

Department : **CSC**

Designation :

Class : **M.C.A. II**

Blood Group : **B +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)