

Form No: 171023

A.C. JOSHI LIBRARY
PANJAB UNIVERSITY, CHANDIGARH
Membership Application Form

Membership No.



Name : **Pratibha .**

Father Name : **Deepak Kumar** Mother Name : **Kusum**

Birth Date : **23-Feb-2003** Gender : **F**

Contact Details:

Address : **Mirpur, Mubarakpur , Dist. SAS Nagar (Mohali), Punjab**

Mobile : **7696219457** E-mail : **pratibhamunkhiya@gmail.com**

Permanent Address :

Other Details:

Department	: SOC	Designation	:
Class	: M.A. I	Blood Group	: A +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)