

AMRITA VISHWA VIDYAPEETHAM
CENTRAL LIBRARY

MEMBERSHIP REQUEST FORM

Name : _____ ID No _____

Designation : _____ Department _____

D.O.B : _____ Gender: Male / Female / Others

Communication Address : _____

Permanent Address : _____

Mobile (Whatsapp) _____

Amrita Email : _____

I request you to register me as a member of the Central library. **I undertake to abide by the Library rules as applicable from time to time**

Signature of the Applicant

RECOMMENDATION

I recommend Dr/Mr/Ms _____ for the membership in the Central Library.

Date :

Signature of the Chairperson

Seal:

-----**FOR OFFICE USE ONLY**-----

1. ID : _____ 2. Category _____

3. Library: ASB/ASE/ASL 4. Registered by _____

Section In-charge
Circulation Section

LIBRARIAN