

PT. SUNDARLAL SHARMA LIBRARY
PT. RAVISHANKAR SHUKLA UNIVERSITY, RAIPUR (C.G.)

MEMBERSHIP FORM FOR STUDENTS
(FILL ALL ENTRIES IN BLOCK CAPITAL LETTERS)

Affix a Recent
Passport Size
Photograph

CATEGORY- U.G. STUDENT (UTD) P.G. STUDENT (UTD) COLLEGE STUDENTS (PG)
(TICK v Mark ON APPROPRIATE BOX)

INSTITUTE- _____

DEPARTMENT- _____

COURSE- _____ SEMESTER- _____ YEAR OF JOINING- _____

SURNAME- _____ NAME (Mr./Miss./Smt.)- _____

DATE OF BIRTH- ____/____/____ FATHER'S NAME (Shri)- _____

MEMBER TYPE- GENERAL OBC S.C. S.T.

(TICK v Mark ON APPROPRIATE BOX)

PERMANENT ADDRESS- _____ PRESENT ADDRESS- _____

CITY- _____ STATE- _____ CITY- _____ STATE- _____

PIN- _____ PIN- _____

PHONE NO.- _____ PHONE NO.- _____

E-MAIL ID- _____

LIBRARY FEES DETAILS:-

(I) LIBRARY ANNUAL FEES RS _____ RECEIPT NO./CHALLAN NO. _____ BOOK NO. _____ RECEIPT DATE _____

(II) LIBRARY DEVELOPMENT FEES RS _____ RECEIPT NO./CHALLAN NO. _____ BOOK NO. _____ RECEIPT DATE _____

(III) LIBRARY CAUTION MONEY RS _____ RECEIPT NO./CHALLAN NO. _____ BOOK NO. _____ RECEIPT DATE _____

I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief. If any information found incorrect at any time, the Library has right to disqualify/punish as per rule.

(MEMBERS SIGNATURE)

_____ CERTIFIED & RECOMMENDED FOR LIBRARY MEMBERSHIP _____

HEAD S.O.S
(SIGNATURE & SEAL)

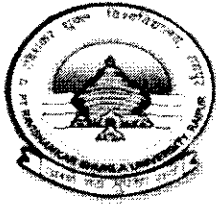
FOR OFFICE USE ONLY

BORROWER NO. _____ MEMBER ID NO. _____

Note:- Documents to submitted with this form-

1. Original challan of admission which will be returned with the library card.
2. 1 photograph (Stamp Size) or ID card.

UNIVERSITY LIBRARIAN



PT. SUNDARLAL SHARMA LIBRARY
PT. RAVISHANKAR SHUKLA UNIVERSITY, RAIPUR (C.G.)
MEMBERSHIP FORM FOR RESEARCH SCHOLAR
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CATEGORY- UNIVERSITY STUDENT (UTD) OTHER COLLEGE _____
(TICK v Mark ON APPROPRIATE BOX)

INSTITUTE- _____

DEPARTMENT- _____

COURSE- _____ YEAR OF JOINING/REGISTRATION- _____

SURNAME- _____ NAME (Mr./Miss./Smt.)- _____

DATE OF BIRTH- ____/____/____ FATHER'S NAME (Shri)- _____

MEMBER TYPE- GENERAL OBC S.C. S.T.
(TICK v Mark ON APPROPRIATE BOX)

PERMANENT ADDRESS- _____ PRESENT ADDRESS- _____

CITY- _____ STATE- _____ CITY- _____ STATE- _____

PIN- _____ PIN- _____

PHONE NO.- _____ PHONE NO.- _____

E-MAIL ID- _____

LIBRARY FEES DETAILS:-

(I) LIBRARY ANNUAL FEES RS. _____ RECEIPT NO./CHALLAN NO. _____ BOOK NO. _____ RECEIPT DATE _____
(II) LIBRARY DEVELOPMENT FEES RS. _____ RECEIPT NO./CHALLAN NO. _____ BOOK NO. _____ RECEIPT DATE _____
(III) LIBRARY CAUTION MONEY RS. _____ RECEIPT NO./CHALLAN NO. _____ BOOK NO. _____ RECEIPT DATE _____

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(MEMBERS SIGNATURE)

CERTIFIED & RECOMMENDED FOR LIBRARY MEMBERSHIP _____

GUIDE
(SIGNATURE & SEAL)

HEAD S.O.S
(SIGNATURE & SEAL)

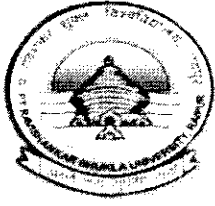
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BORROWER NO. _____ MEMBER ID NO. _____

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1. Original challan of admission which will be returned with the library card.
2. 1 photograph (Stamp Size) or ID card.
3. Ph.D. registration notification.

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PT. RAVISHANKAR SHUKLA UNIVERSITY, RAIPUR (C.G.)

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MEMBERSHIP FORM

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CATEGORY- UTD TEACHER COLLEGE TEACHER CONTRACT TEACHER SPECIAL PERMISSION
 (TICK v Mark ON APPROPRIATE BOX)

UNIVERSITY OFFICERS UNIVERSITY STAFF CLASS 3 UNIVERSITY STAFF CLASS 4

INSTITUTE- _____

DEPARTMENT- _____

DESIGNATION- _____ YEAR OF JOINING- _____

SURNAME- _____ NAME (Mr./Miss./Smt.)- _____

DATE OF BIRTH- ____/____/____ FATHER'S NAME (Shri)- _____

MEMBER TYPE- GENERAL OBC S.C. S.T.

(TICK v Mark ON APPROPRIATE BOX)

PERMANENT ADDRESS- _____

PRESENT ADDRESS- _____

CITY- _____ STATE- _____

CITY- _____ STATE- _____

PIN- _____

PIN- _____

PHONE NO.- _____

PHONE NO.- _____

E-MAIL ID- _____

LIBRARY FEES DETAILS:-

(I) LIBRARY ANNUAL FEES RS. _____ RECEIPT NO. CHALLAN NO. _____ BOOK NO. _____ RECEIPT DATE _____

(II) LIBRARY DEVELOPMENT FEES RS. _____ RECEIPT NO. CHALLAN NO. _____ BOOK NO. _____ RECEIPT DATE _____

(III) LIBRARY CAUTION MONEY RS. _____ RECEIPT NO. CHALLAN NO. _____ BOOK NO. _____ RECEIPT DATE _____

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(MEMBERS SIGNATURE)

CERTIFIED & RECOMMENDED FOR LIBRARY MEMBERSHIP

HEAD S.O.S
(SIGNATURE & SEAL)

REGISTRAR
(SIGNATURE & SEAL)

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BORROWER NO. _____ MEMBER ID NO. _____

Note:- Documents to submitted with this form-

1. Joining letter (photocopy)
2. 1 photograph (Stamp Size)

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