

PUSSGRC LIBRARY, HOSHIARPUR
(UIET/UIILS/DCSA)

Membership Application Form

Library Card No- _____

Roll No. /Admission No- _____

Name: -
(In Capitals)

Miss/Ms. _____

Son/Daughter of

Department

Class & Roll No.

Local Address

Permanent Address

Date:- _____

(Signature of Student)

1. Certified that he/she will get clearance chit from you when he/she will leave this Department/College.
2. This Department/College is affiliated to the Panjab University.
3. Recommended by Department Co-ordinator

Please enrol me as a member of PUSSGRC Library member. I agree to confirm to the rules and regulations of the Library and shall pay any dues which may result through their infringement.

(Signature of Applicant)

Date: _____

(Signature of Library Staff)

Director

Certified that Miss/Ms. _____ is a regular Student of this Department

Co-ordinator

Dealing Official (Student Section)

I am not already a member of this Library. I have received the Card.

(Applicant Signature & Date)