



Central Library

DR. BHIMRAO AMBEDKAR UNIVERSITY AGRA

FORMERLY AGRA UNIVERSITY AGRA (ACCREDITED GRADE B++ BY NAAC)

FACULTY/STAFF MAMBERSHIP

FIX YOUR
LATEST
PASSPORT
SIZE
PHOTOGRAPH

TYPE OF MEMBER

FACULTY PERMANANT SFS GUEST

STAFF PERMANANT SFS CONTRACTUAL

Personal Information

(Use CAPITAL LETTERS ONLY)

FULL NAME :

DEPARTMENT :.....**DESINATION:**.....

FATHER'S NAME :.....

D.O.B :.....

YEAR OF JOINING :.....

MOBILE NO :.....

GENDER :.....**BLOOD GROUP**.....

ADHAR NO (COPY ENCLOSED) :.....

CONTACT Information

PERMANANT ADDRESS

.....

.....

CITY.....PINCODE.....

LOCAL ADDRESS

.....

.....

CITY.....PINCODE.....

EMAIL ID :

Declaration and Undersigned : - The undersigned would like to Applied for library membership. I am aware of undertake to abide by the copyright act 1986 and amendments. I will update to library of any change in my contact details. I agree to observe the library rules.

SIGNATURE