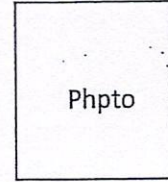


Dr. B. R. Ambedkar University of Social Sciences

Dr. Ambedkar Nagar (MHOW), Dist-Indore, (M.P.)

MAHATMA PHULE LIBRARY
APPLICATION FOR LIBRARY MEMBERSHIP

Student



To,

The Librarian/In-charge
MP Library
BRAUSS,
Dr. Ambedkar Nager (MHOW)

Sir,

I wish to enroll as a member of the University Library.

Name(Block letters):

Father's Name :

Course:Date of Admission

School/ /Deptt.:

Permanent Address:

Local Address:

Mobile No E-mail ID:

Library security money (Refundable) Rs Receipt no Book NoDt.....

I hereby declare that the information given above is true and correct to the best of my knowledge. I have read the rules and regulations of the library and abide by the same.

Dated.....

Signature of the applicant.

RECOMMENDED

This is to certify that Shri/Smt./Miss

is a regular Student/Research Scholar./ of the School/deptt

Year and above information is verified.

Dean/HOD/Supervisor/In- charge

For office use only

Membership No. Borrower Tickets

Library Asst. (Circulation)

Signature of Librarian/In charge