



CENTRAL LIBRARY

MAHARAJA SUHEL DEV STATE UNIVERSITY, AZAMGARH

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