

**AMRITA VISHWA VIDYAPEETHAM
CENTRAL LIBRARY**

MEMBERSHIP REQUEST FORM

Name : _____ ID No. _____

Designation : _____ Department _____

Communication Address : _____

Phone –off.(Extn.): _____ Mobile: _____

Email: _____

Permanent Address : _____

_____ Phone (Resi): _____

I request you to register me as a member of the Central library. I undertake to abide by the library rules as applicable from time to time.

Signature of the Applicant

RECOMMENDATION

I recommend Dr./Mr./Ms..... for the membership in the Central library.

Date:

Signature of the Chairperson

Seal:

FOR OFFICE USE ONLY

1.ID :.....

2.Alt.ID :.....

3. Category :.....

4. Group :.....

5. Registered by:.....

5. No. of Books :.....

Section In-charge
Circulation Section

LIBRARIAN