



**CENTRAL LIBRARY**  
University of Allahabad  
Prayagraj-211002

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**Library Membership Form**

(Only for Allahabad University Teacher)

Name (Block Letters) : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Date of Birth (DOB) : \_\_\_\_\_

Department/ Centre : \_\_\_\_\_

Faculty : \_\_\_\_\_

E-mail : \_\_\_\_\_

Phone/ Mobile : \_\_\_\_\_

Local Address : \_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_

Permanent Address : \_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_

Date: \_\_\_\_\_

Signature

ID No. _____	Remarks, If any
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