

CENTRAL LIBRARY

University of Allahabad

Library Membership Form Faculty of Arts For P.G. Students

| Session | : | |
|---|-----------|--|
| Name (Block Letters) |): | |
| Father's Name | : | |
| DOB | : | |
| Class | : | M.A. Previous/ Final/I Sem./ II Sem./ III Sem./IV Sem. |
| Department/ Institute | : | |
| Enrollment | : | |
| Identity Card No. (Please attach photoco | : opy) | |
| Latest Fee Receipt No (Please attach photoco | | : |
| Local Address | : | |
| | | PIN |
| Permanent Address | : | |
| | | PIN |
| | | |
| Phone/ Mobile | : | |
| E-mail | : | <u> </u> |
| Date: | | |
| | | Signature of Student |

Forwarded by Head of Department