

CENTRAL LIBRARY

University of Allahabad

Library Membership Form Faculty of Arts For Research Scholars

Session	:	
Name (Block Letters)):	
Father's Name	:	
DOB	:	
Class	:	
Department/ Institute	:	
Enrollment	:	
Identity Card No. (Please attach photoc	: opy)	
Latest Fee Receipt No (Please attach photoc		:
Local Address	:	
		PIN
Permanent Address	:	
		PIN
DI /M 1 'I		
Phone/ Mobile	:	
E-mail	:	
Date:		
		Signature of Student

Forwarded by Head of Department