

**CENTRAL LIBRARY** 

## University of Allahabad

## Library Membership Form Faculty of Arts For U.G. Students

Session	:	
Name (Block Letters)	):	
Father's Name	:	
DOB	:	
Class	:	B.A I <sup>st</sup> Year/B.A.II <sup>nd</sup> Year/B.AIII <sup>rd</sup> Year
Department/ Institute	:	
Enrollment	:	
Identity Card No. (Please attach photoc	: opy)	
Latest Fee Receipt No (Please attach photoc		:
Local Address	:	
		PIN
Permanent Address	:	
		PIN
Phone/ Mobile	:	
E-mail	:	
Date:		Signature of Student

Forwarded by D.S.W