

Member's ID No. _____
(to be filled by library)

KAMALA NEHRU COLLEGE LIBRARY
(UNIVERSITY OF DELHI)
KHEL GAON MARG, NEW DELHI-110049

LIBRARY MEMBERSHIP APPLICATION FORM

NAME : _____

DESIGNATION _____ PERMANENT/TEMPORARY/AD-HOC/SPECIAL MEMBER*

DEPARTMENT _____

MEMBERSHIP EXPIRY DATE _____
(to be filled by office)

RESIDENTIAL ADDRESS _____

TELEPHONE NO. _____

I request that I may be enrolled as member of the library. I promise to obey all its rules.

Date : _____

Signature of Member: _____

Received Library Pass Book

Signature _____

*** For Special Member**

Deposited Rs. 500/- as security money vide Receipt No. _____ dated _____ and

Rs. 100/- yearly membership vide Receipt No. _____ dated _____ .

Accounts Department