

CHITKARA UNIVERSITY, HIMACHAL PRADESH
TAGORE LIBRARY
APPLICATION FORM FOR LIBRARY MEMBERSHIP

Faculty ☐ *Research Scholar* ☐ *Non-teaching staff* ☐

PLEASE FILL ALL THE DETAILS IN CAPITAL LETTERS)

Sir/Madam

I wish to enroll as a member of the University Library.

I have read the rules and regulations of the library and abide by the same.

Please affix
recent
passport
size
photograph

University ID/Enrolment No: _____

Name: _____

Designation/Course: _____

School/Centre/Dept.: _____

Date of Joining: _____ Valid up to: _____

Permanent Address: _____

Present Address: _____

E-mail: _____

Phone No.: _____

Name of the Guide In case of Research Scholar: _____

I hereby declare that the information given above is true and correct to the best of my knowledge.

Dated: _____ Signature of the Applicant: _____

Recommended by Dean/H.O.D./In-charge: _____

(For Office Use Only)

Patron Account No. _____ Signature of the Librarian: _____

Library extension number: 1028

Librarian Email Id: librarian@chitkaruniversity.edu.in