



CENTRAL LIBRARY

University of Allahabad

Prayagraj-211002

Library Membership Form for Non-Teaching Staff

Paste
photo
here

Name (Block Letters) : _____

Father's Name : _____

Date of Birth (DOB) : _____

Designation:
(Please attach University ID 'card) _____

Department/ Centre : _____

Faculty/Institute : _____

E-mail : _____

Phone/ Mobile : _____

Local Address : _____

_____ PIN _____

Permanent Address : _____

_____ PIN _____

Date: _____

Signature

FOR OFFICIAL USE ONLY

ID No. _____

Remarks, If any