



CENTRAL LIBRARY

University of Allahabad
Prayagraj-211002

Membership Form for Ouriginal/Anti-Plagiarism Tool (Only for Faculty Members)

Name (Block Letters) : _____

Designation

(Please attach University Identity card: _____)

Date of Birth (DOB) : _____

Department/ Centre : _____

Faculty/ Institute : _____

E-mail (Block Letters) : _____

Phone/ Mobile : _____

Local Address : _____

_____ PIN _____

Permanent Address : _____

_____ PIN _____

Date: _____

Signature

ID No. _____

Remarks, If any