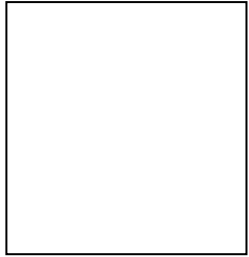


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Remote Access Membership Form

(For Postgraduate Student)



Session: _____

Name (Block Letters) : _____

Father's Name : _____

Course & Semester : _____

Department/ Institute : _____

Enrolment No. : _____

Identity Card No. : _____
(Please attach photocopy)

Latest Fee Receipt No. : _____
(Please attach photocopy)

Local Address : _____
_____ PIN _____

Permanent Address : _____
_____ PIN _____

Phone/ Mobile : _____

E-mail : _____

Date: _____

Signature of Student

Forwarded by Head of Department