



RAM PRASAD BISMIL LIBRARY

Khwaja Moinuddin Chishti Language University, Lucknow. U.P. (India)

LIBRARY MEMBERSHIP FORM

Library Member ID:

Name (in block letters) : Enrolment No. :

Father's Name:

Mother's Name:

Date of Birth: Gender : ☐ Male ☐ Female

Category: ☐ SC ☐ ST ☐ OBC ☐ GEN Academic Session:

Department: Course:

Date of admission: Fee Slip No. :

Permanent Address:

House No. : Street /Area / Locality:

.....

PIN Code: City State:

Tel. /Mob. (1) (2)

E-mail Address:

Local Address:

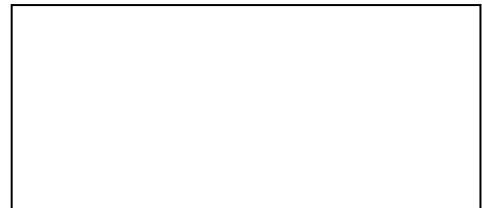
House No. : Street /Area / Locality:

.....

PIN Code: City State:

Hall of Residence (if applicable): Room No. :

I hereby agree to abide by the Library Rules, to be responsible for materials loaned to me and to pay for any item lost or damaged while in my custody.



Signature of Library In- charge

Signature of Student



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Signature of Subject In- charge

Signature of Faculty

Signature of Library In- charge