

## **RAM PRASAD BISMIL LIBRARY**

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

## LIBRARY MEMBERSHIP FORM

Library Member ID:	
Name (in block letters):	
Father's Name:	Paste your
Mother's Name:	photograph.
Date of Birth: Gender: Male Female	Do not staple.
Category: SC ST OBC GEN Academic Session:	
Department:	
Date of Joining:	
Permanent Address:	
House No.:	
	•••••
PIN Code: State:	
Tel. /Mob. (1)	
E-mail Address:	
Local Address:	
House No.: Street /Area / Locality:	
PIN Code: State:	
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 Faculty

Checked & Verified:

Name & Signature of HOD /Sub. In-charge

Signature of Library In- charge