



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: CityState:

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 Student

Checked & Verified:

Name & Signature of HOD /Sub. In-charge

Signature of Library In- charge

Paste your photograph.
Do not staple.