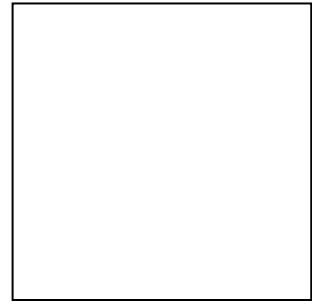


MEMBERSHIP FORM FOR CONSULTANT MEMBER'S

To,
The Librarian/Library Incharge,
Swami Vivekanand Subharti University,
Meerut, U.P.



Through: Proper Channel

Sir,
I request that I may kindly be permitted to use the Library for consulting the books.
I promise to abide by the rules & regulations of the Library.

Full Name

Father/Husband Name

Designation

Present Address

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Permanent Address

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Phone No.

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Duration (Date)
From.....To.....

Specific Time
From.....To.....

Date:

Signature

Recommended by:
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Name of Permanent Member of Library:

Membership No.:

Allowed to use the Library from to

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