MEMBERSHIP FORMS FOR FACULTY MEMBER

To,		
The Librarian,		PHOTO SHOULD BE
Central Library Medical Sciences,		ATTESTED BY
S. V. Subharti University,		PRINCIPAL/DEAN
Meerut.		
Sir,		
I request that I may kin	ndly be permitted to use the Central I	Library Medical Sciences for
borrowing books. I promise to all	oide by the rules & regulations of the Lib	rary.
FULL NAME		
FATHER/HUSBAND NAME		
DEPARTMENT		
DESIGNATION		
DATE OF JOINING		
PRESENT ADDRESS		
PERMANENT ADDRESS		
PHONE NO.		
EMAIL		
DATE:		
	A 11 1	Signature of Faculty
	Allowed to use the Library	
HEAD OF THE DEPARTMENT		PRINCIPAL/DEAN
Received Membership Card No		
Reader's Ticket	Date	