

MEMBERSHIP FORMS FOR INTERNS

To,
**The Librarian,
Central Library Medical Sciences,
S. V. Subharti University,
Meerut.**

PHOTO SHOULD
BE ATTESTED BY
PRINCIPAL/DEAN

Sir,
I request that I may kindly be permitted to use the Central Library Medical Sciences for borrowing books. I promise to abide by the rules & regulations of the library.

FULL NAME
FATHER/HUSBAND NAME
BATCH
DATE OF JOINING VALID UP TO
PRESENT ADDRESS
.....
PERMANENT ADDRESS
.....
PHONE NO.
EMAIL
DATE:

Signature of Student

DEPARTMENT'S REMARK

I the undersigned, recommend that _____
Class _____ Year _____ Roll No. _____
be allowed to use Central Library Medical Sciences. The information furnished by him/her has been verified by my office.

PRINCIPAL/DEAN

Received Membership Card No. _____
Reader's Ticket _____ Date _____

Signature of the Student