

**MEMBERSHIP FORM FOR P. G. STUDENTS**

**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 be permitted to use the Central Library Medical Sciences. I promise to obey all the Rules, which I have read with care.

FULL NAME .....

FATHER/HUSBAND NAME .....

COURSE ..... SESSION.....

DEPARTMENT .....

PRESENT ADDRESS .....

.....

PERMANENT ADDRESS .....

.....

PHONE NO .....

E-MAIL .....

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.

Head of the Department

Principal/Dean

Received Membership Card No. \_\_\_\_\_

Reader's Ticket \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student