

MEMBERSHIP FORMS FOR STUDENTS

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

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's Name _____

Class _____ Session _____

Date of Birth _____ Blood Group _____

Present Address _____

Permanent Address _____

Phone/Mob. No. _____

Email: _____

Date _____

PHOTO SHOULD BE
ATTESTED BY
PRINCIPAL/DEAN

Signature of Student

DEPARTMENT'S REMARK

I the undersigned, recommend that _____
Class _____ Year _____ Roll No. _____
be allowed to use the 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 Student