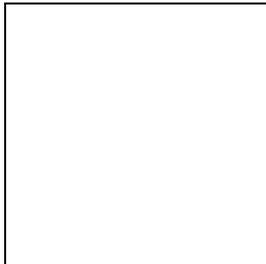


MEMBERSHIP NO:

**MOHINDER SINGH RANDHAWA LIBRARY
APPLICATION FORM FOR GADVASU FACULTY**

Date of Birth: / /



Name (in full): _____

Father's Name: _____

Designation _____ Department _____

Email : _____ Tel./Mobile : _____

Residential Address (attach proof) _____

I shall abide by the rules and regulations of the PAU Library. I also agree to the rules relating to copyright.

Date: _____

Signature: _____

Certified that the information given by the above employee is correct. In case of his/her transfer or leaving GADVASU, he/she would be required to take No Due Certificate from Mohinder Singh Randhawa Library, PAU.

Dean/Director/Head of Department

Forwarded to University Librarian, PAU, Ludhiana for enrolment as Library member:

Despatch No.

Date:

University Librarian, GADVASU
(seal)

FOR OFFICE USE

May be allowed to use this library as per University rules.

Incharge, Circulation Division

University Librarian

Library Card No _____ received

Signature of Applicant