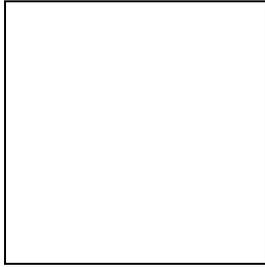


MEMBERSHIP NO: .....

**MOHINDER SINGH RANDHAWA LIBRARY**  
**APPLICATION FORM FOR MEMBERSHIP FOR PAU RETIREES**



Date of Birth: ..... / ..... / .....

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Designation \_\_\_\_\_

Email : \_\_\_\_\_ Tel./Mobile : \_\_\_\_\_

Permanent Residential Address (attach proof) \_\_\_\_\_

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Mr/Ms \_\_\_\_\_ has retired as faculty/employee from the department of \_\_\_\_\_ His/Her PPO No is \_\_\_\_\_

Dispatch No:  
Date:

Head of Deptt  
(Seal)

FOR OFFICE USE

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

Incharge Circulation Division

University Librarian

Received Rs.250/- as refundable security on account of library membership vide receipt No. \_\_\_\_\_ dated \_\_\_\_\_

Cashier (Library)

Checked and verified

Incharge Circulation Division

Library Card No \_\_\_\_\_ received

Signature