RUMI LIBRARY

ISLAMIC UNIVERSITY OF SCIENCE & TECHNOLOGY
AWANTIPORA, KASHMIR

Library Membership form for External Members

PHOTOGRAPH

MEMBERSHIP ID	
MEMBERSHIP CODE	

FULL NAME	BLOCK LETTERS
PARENTAGE	BLOCK LETTERS
Date of Birth	
Qualification	
Permanent Address	
	Pin Code
Present Address	
	Pin Code

| Contact Mobile | 1. | Home Contact No | |
| | 2. | | |

Aadhar No	
Email ID	BLOCK LETTERS
Purpose for availing Membership	
Time Period for membership is required	

The following documents required for submitting library membership form

1. Affidavit (Annexure A)
2. Recommendations from university Faculty Member/Employee/ Mohalla head and Gazetted Officer (Annexure B and C).
3. Graduation / Post Graduation Certificate (photocopy)
4. Identity Proof: Aadhar card/ Passport (photocopy)

I will abide by all rules and ethics of the library.

Signature   Name _____   Dated _____

Library deposit of Rs. 2000 (refundable) deposited in the Library Account in J&K Bank vide Receipt No; _____dated _____ (Copy enclosed) and Library membership fee of Rs. 500/-(Non-refundable) deposited in the Library Account in J&K Bank vide Receipt No; _____dated _____ (Copy enclosed)

Particulars checked and found correct:

Circulation   Assistant Librarian

Approval from Librarian   Yes/No

Librarian

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Annexure A

UNDERTAKING

I ……………………………………………………………. S/O ……………………………………………………… R/O …………………………………………………………………………. hereby agree to abide with the following conditions: -

1. I am not involved in any anti national activities and will not involve in any anti national activities within the university campus.

2. That I shall return the books within the specified time limit.

3. That care will be taken to see that the Book is handled properly/carefully, and no danger is caused to the Books.

4. In the event of any damage caused to the Book issued to me, during the period, I undertake to pay cost of the Book to the Library as per the library rules.

5. In case of receipt of any misconduct reported against me during visit to library, my membership shall be barred.

6. That information and brief given above are true correct to best of my knowledge.

7. I will abide by all rules and ethics of the library.

Name of the applicant: _____

Signature of the Applicant: _____

Date: - ……………………………

Place: - ……………………………

Witness: - 1) Name: - ……………………………   Signature: -

   Address: - …………………………………

   Contact No: - ……………………………..

2) Name: - …………………............................   Signature: -

Address: - …………………………………

Contact No: - ……………………………..

Annexure B

Recommendation from University Faculty Member/Employee

I Dr./Shri /Smt. /Kum. /Mast. /………………………….. ………………………………………do hereby Recommend Dr./Shri /Smt. Kum. /Mast……………………………………………………………………………….S/D/O ……………………………………………………………R/O…………………………………………………………………… for Library membership. I have been knowing Dr./Shri /Smt. /Kum. /Mast……………………………………… from last ……………………….. years and I take responsibility of his/her conduct in the library and return/loss of books.

Date: -

Place: -

Seal & Signature: - _____

Name: -_____

Designation: -_____

Employee Code:-_____

Department: -_____

Phone No: - _____

Email Id: -_____

Recommendation from Mohalla Head

I Dr./Shri /Smt. /Kum. /Mast. /………………………….. ………………………………………do hereby Recommend Dr./Shri /Smt. Kum. /Mast……………………………………………………………………………….S/D/O ……………………………………………………………R/O…………………………………………………………………… for Library membership. I have been knowing Dr./Shri /Smt. /Kum. /Mast……………………………………… from last ……………………….. years and I take responsibility of his/her conduct in the library and return/loss of books.

Date: -

Place: -

Seal & Signature: - _____

Name: -_____

Name of Mohall: -_____

Address: -_____

Phone No: - _____

Email Id: -_____

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Annexure C

Recommendation from Gazetted Officer

I Dr./Shri /Smt. /Kum. /Mast. /……………………………. …………………………………do hereby Recommend Dr./Shri /Smt. Kum. /Mast……………………………………………………………………………….S/D/O …………………………………………………………R/O……………………………………………………………………… for Library membership. I have been knowing Dr./Shri /Smt. /Kum. /Mast………………………………………… from last ……………………….. years and I take responsibility of his/her conduct in the library and return/loss of books.

Date: -

Place: -

Seal & Signature: - _____

Name: -_____

Designation: -_____

Department: -_____

Place of Posting: - _____

Employee Code:-_____

Phone No: - _____

Email Id: -_____