

CENTRAL LIBRARY & INFORMATION NETWORK SERVICES



West Bengal University of Animal & Fishery Sciences 37, Kshudiram Bose Sarani, Kolkata - 700037

LIBRARY MEMBERSHIP APPLICATION FORM

Name (in Capital letters): _____

Father's/ Husband Name: _____

Designation (Only of Faculty Member): _____

Department: _____

Faculty: _____

Course (Only for Student): _____ Session: (only for Student): _____

Category (Teacher/ Student): _____ Date of Birth: _____

Permanent Address: _____

_____ Sex: _____

Telephone No.: _____ E-mail: _____

Identification Mark: _____

Registration No.(Only for student): _____ Staff ID No. (Only for teacher): _____

I hereby undertake that I shall abide by the Rules and Regulations of the Central Library, WBUAFS.

Date: _____

Signature of the Applicant

Recommendation by the Dean of the Faculty

I certify that the applicant is a member of the Faculty/ Student of the University and recommend him/her for Library membership

Signature with Stamp: _____

Date: _____

(To be filled in by the Library Staff only)

Library Membership No.: _____ Photo ID: _____

Date: _____

Signature of the Library Staff: _____