



**VIVEKANAND CENTRAL LIBRARY
V. B. S. PURVANCHAL UNIVERSITY
JAUNPUR-222003 (U. P.)**

Web: www.vbspu.ac.in, Email: vclvbspu1999@gmail.com

LIBRARY MEMBERSHIP FORM (FOR FACULTY/OTHERS)

1. Name (in Block letters): _____
2. Designation (✓) : Prof./Associate Prof/Asst Prof/Scientist/Programmer
3. Department : _____
4. Institute/Faculty : _____
5. Date of joining : _____
6. Employer's ID No. : _____
7. Permanent Address : _____

Affix your
recent
passport
size
Photograph

8. Present Address : _____
Mob. No.: _____ Email: _____

I, the undersigned would like to apply for Library Membership as a faculty. The information given above is true to the best my knowledge. I hereby undertake the responsibility to abide the rules of library.

Date:

Signature of the faculty

Signature of the Head/Dean/Director
with stamp

Membership No.: _____ No. of cards issued:

Cards No's : _____

Signature of the Receiver

Signature of the Librarian