MEMBERSHIP NO: ....

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

Date of Birth: ……... / …..…. / …………..
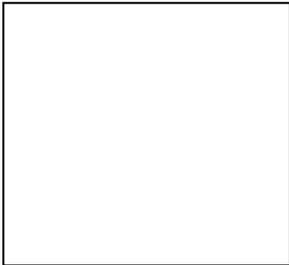
Name (in full): _____

Father's Name:_____

Admn No _____ Dept/College_____

Email: _____Tel./Mobile: _____

Permanent 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 student is correct. He/she would be required to take No Due Certificate from Mohinder Singh Randhawa Library, PAU on leaving the GADVASU or for appearing in the final examination.

Dean (UG)/Head of Department (PG)

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

University Librarian, GADVASU
(seal)

Despatch No.
Date:

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