

(A Central University) Suryamaninagar- 799022

CENTRAL LIBRARY MEMBERSHIP FORM FOR STUDENT

| Name (in capital letters): | |
|--|---|
| Gender: | recent Passport size |
| Father's Name: | color |
| Department: | photograph |
| Courses: | |
| Year of Admission: Session: Session: | |
| Enrolment No: | • |
| Category (UR/SC/ST/OBC/PWD): | |
| Communication Address: | |
| Dist./City: State: | |
| Permanent Address: | |
| Nearest Police Station: | |
| Dist./City: State: | PIN: |
| Mobile No.:Email ID: | |
| DECLARATION | |
| I hereby declare that the information furnished above is true and correct to the and further declare that I will abide by the rules and regulations of Tripura University, which may be made applicable from time to time. | • |
| Signature of the Applicant | |
| Date: | HoD Signature with Seal |
| Documents Required: Copy of University I.D. Card / Pay-In-Slip Copy of Address Proof (Aadhaar Card /Voter ID Card, etc.) | Signature with Scar |
| FOR OFFICE USE ONLY | |
| Membership No: | |

PA/SPA/LA Membership Section Assistant Librarian Membership Section (i/c) Librarian



(A Central University) Suryamaninagar- 799022

CENTRAL LIBRARY MEMBERSHIP FORM FOR RESEARCH SCHOLAR

| Name (in capital letters): | | Paste your |
|--|---|----------------------|
| Gender: | | recent passport-size |
| Father's Name: | | color |
| Department: | | photograph |
| | Full-Time/ Part-Time: | |
| Name of the Supervisor: | | |
| Date of Admission: | Session: | |
| | | |
| | tc.): | |
| | | |
| | State: PIN | |
| • | | |
| | Nearest Police Station | |
| | State:F | |
| | Email ID: | |
| Widolic Ivo | DECLARATION | ••••• |
| | | |
| • | ion furnished above is true and correct to the best le by the rules and regulations of the Central Lib | • |
| made applicable from time to time | | |
| | Reco | mmended by HoD |
| Signature of the Applicant | Supervisor | |
| or the ripphoant | Signature with Seal | HoD |
| Date: | Sig | nature with Seal |
| Documents Required: | 1: | |
| Copy of I.D. Card / Pay-in-SCopy of Address Proof (Aadh | • | |
| | FOR OFFICE USE ONLY | |
| Membership No: | | |
| No. of Books Allotted: | | |
| Date of Activation: | | |
| PA/SPA/LA | Assistant Librarian | Librarian |
| Membership Section | Membership Section (i/c) | |

N.B.: After completing the Ph.D. coursework, the Research Scholar should submit a copy of the Ph.D. Registration letter for continuing the Library Membership.



(A Central University) Suryamaninagar- 799022

CENTRAL LIBRARY MEMBERSHIP FORM FOR EMPLOYEE

| Name (in Capital Letters): | |
|--|------------------------------|
| Gender (Male/Female): | color pass photo size |
| Designation: | photograph. |
| Employee Code: | |
| Category of Employee (Permanent/Guest Faculty/etc.) | |
| Department/Branch/Center: | |
| Date of Joining the University: | |
| Communication Address: | |
| Dist./City: State: | PIN |
| Permanent Address: | |
| Nearest Police Station: | |
| Dist./City: State: | PIN |
| Mobile No.:Email ID: | |
| DECLARATION | |
| I hereby declare that the information furnished above is true and correct to the best further declare that I will abide by the rules and regulations of the Central Librar applicable from time to time. | • |
| 11 | Recommended by HoD |
| Signature of the Applicant | HoD Signature with Social |
| Date: | Signature with Seal |
| Documents Required: Photocopy of Permanent Address Proof (Aadhaar Card/Voter ID Card, etc.) Photocopy of Joining/Acceptance Letter, with Employee ID Card. | |
| FOR OFFICE USE ONLY | |
| Membership No: | |

PA/SPA/LA Membership Section Assistant Librarian Membership Section (i/c)

Librarian