

Central Library, Shivagangothri, Davangere-577002 Library Membership Application Form

Passport Size Photo

To, Librarian, Davangere University, Central Library,

Davangere-577007.

Privacy statement. This information is used to create a borrower record for the Library and facilitate contact with the borrower. The information is not used for other purposes or transmitted to other parties not involved in this service. The form may be archived by the Library and may be subject to external audit.

Name			1.1					
Department: Year & Sem:								<u> </u>
Present Address	,				,			
Permanent Address:				· ·				•
Email	. *		• • • •	.,		, .		•
	(Compuls	ory))*		
Aadhar No:.				Mobile N	0:			
 In making this application for permission to borrow from the Davangere University Library I agree to observe the General Rules and Regulations of the University Library. I agree that all information provided by me are accurate. My Registration may be cancelled immediately if the said information are found to be incorrect. Borrower should return the books immediately, if he/she discontinues the course in the middle of the academic year and obtain No Due Certificate. Date:								
Please select only one	category listed	below			·			
I am a (please tick appro	opriate box	. *	1					
1) Student	2)	Research Sch	olar	3) Gues	t Faculty	, E	4) Staff	
Library Staff to Complete								
New Borrower Numb	er:	:					, and	
Record created by (pl	ease print you	r name):					Date:	
Record checked by (p					; ·		Date:	
Enclosures: 3 Passpo	rt size Photo	and Admissi	on Receipt	Xerox Cop	ý	100		

Signature of Chairman