

DOON UNIVERSITY, DEHRADUN
UNIVERSITY LIBRARY

LIBRARY MEMBERSHIP FORM FOR TEACHING/ NON-TEACHING EMPLOYEES

1. Name (in Block Letters): _____
2. Employee Code : _____
3. Date of Joining : _____
4. Designation : _____
5. Nature of Employment : _____
6. D.O.B: _____
7. Blood Group: _____

Please paste
recent passport
size photographs

Regular	Deputation	Adhoc	Contract Valid upto*

6. Department/ School : _____
7. Residential Address : _____

8. Phone: Office: _____ Residence: _____
Mobile: _____ Email : _____

I have read the Library Rules and agree to abide by them and shall obtain 'Clearance Certificate' from the Library at the time of transfer/ leaving the University.

Date: _____

Signature of the Applicant

Recommendation of the Head of the Department

He /She may be enrolled as a member as Library services would benefit in the discharge of his/her duties. Undersigned vouches for compliance of rules by the applicant.

Date: _____

Signature with Stamp of HOD

For Library Use

Mr./Ms. _____ may be enrolled as a member of Library.

Date: _____

Librarian