

UNIVERSITY OF AGRICULTURAL SCIENCES, RAICHUR

[ICAR, NAAC accredited and UGC u/s 12(B) & 2(f) approved]



Office of the University Library
Lingasugur Road, Raichur-584 104
Karnataka, India

APPLICATION FOR LIBRARY MEMBERSHIP (Students Only)

For Office Use Only	Class	Year	Borrower's Ticket No.	Remarks
<div>Affix Passport Size Photo</div>			<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss.	
			First Name (In Caps): _____	
			Middle Name: _____	
			Last Name: _____	
			ID.Number: _____	
			Date of Birth: _____	
			College: _____	
Degree Programme			UG/PG/Ph.D/Diploma	
Subject/Department				
Year				
Category			GM/OBC/SC/ST	
Fees Receipt No. & Date.				
Blood Group				
Present Address			Permanent Address	
City			District	
Phone			State	
Email			Pin	
Emergency Contact (Name & Cell No.)				

I hereby apply for the library membership and I also agree to abide by the rules and regulations of the University Library, UAS Raichur. Further, I declare that the information furnished by me is true to the best of my knowledge.

Place:

Sign in the Box

Date:

University Librarian