

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 style="border: 1px solid black; padding: 5px; text-align: center;">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