



Gen. G.S. Dhillon Central Library

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SWAMI VIVEKANAND SUBHARTI UNIVERSITY

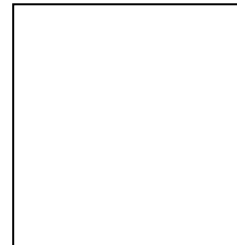
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MEMBERSHIP No.

MEMBERSHIP FORM FOR FACULTY MEMBERS

To,
The Librarian
GSD Central Library



Sir,

I request that I may kindly be permitted to use the **GSD Central** Library for borrowing books I Promise to abide by the rules & regulations of the Library.

FULL NAME : _____

FATHER'S NAME : _____

DATE OF BIRTH: _____

NAME OF THE DEPARTMENT: _____

DESIGNATION: _____

POSTAL ADD. : _____

PERMANENT ADD. : _____

PHONE NO.: _____

E-MAIL: _____

DATE OF JOINING: _____

Allowed to use the Library

Signature

Principal/ Dean
(Signature with Stamp)