

Shri Vishwakarma Skill University

Dudhola- Palwal

(Central Library)

Membership Form (Student)

1. Registration NO -----
 2. Student ID -----
 3. Student's Name -----
 4. Father's Name -----
 5. Course ----- Sem.-----
 6. Postal Address -----

- Email Address: ----- Mobile No -----

7. Deposited Fee Rs. ----- Receipt No. ----- Date -----
(if any)

Declaration

I ----- hereby declare that I shall follow the rules and regulations of the library and using books in proper manner (As Pages are not torn out or mutilated), If I am unable to follow the rules and regulations then any disciplinary action may be taken against me.

Date:

Signature of Student

Place:

(For office use only)

Membership Granted / not Granted

Signature of the Librarian

Shri Vishwakarma Skill University

Dudhola- Palwal

(Central Library)

Membership Form(Faculty/Staff)

1. Registration NO -----
 2. Employee ID -----
 3. Name (Prof./Dr./Mr. / Ms.) -----
 4. Designation -----
 5. Department Name: -----
 6. Postal Address -----

- Email Address: ----- Mobile No -----



Declaration

I ----- hereby declare that I shall follow the rules and regulations of the Central Library and using books in proper manner (As Pages are not torn out or mutilated), If I am unable to follow the rules and regulations then any disciplinary action may be taken against me.

Date:

Signature of the member

Place:

(For office use only)

Remarks -----

Signature of the Librarian