



Sanchi University

of Buddhist - Indic Studies

CENTRAL LIBRARY MEMBERSHIP FORM

(Annual Membership Fee Rs. 200/- for University Staff members.)

Name (IN BLOCK LETTER): _____

Date of Birth: _____

Designation: _____ Department: _____

Employee No: _____ Aadhar No: _____

Local address: _____

Past here
Latest
Passport
Size
Photograph

_____ District: _____

State: _____ Country: _____ Pin Code: _____

Permanent address: _____

_____ District: _____

State: _____ Country: _____ PIN Code: _____

Mobile No. (Mandatory): 1. _____ 2. _____

E-mail ID: _____

I HAVE READ CAREFULLY THE LIBRARY RULES AND AGREE TO FOLLOW THEM

Date: _____

Signature of Applicant

For Office Use Only

Library Membership No.....	Remarks, if any
Fee Receipt No.....Date.....	

Central library membership card received

Signature of the Receiver/User

Signature of Membership I/c