



Sanchi University

of Buddhist - Indic Studies

Central Library MEMBERSHIP FORM (Student)

Name (Mr./Mrs./Ms.): _____

Father's Name: _____

Date of Birth: _____ Aadhar No.: _____

Course: _____ Department/Center: _____

Session: _____ Enrollment No.: _____

Past here
Latest
Passport
Size
Photograph

Present address: _____

State: _____ Country: _____ Pin Code: _____

Permanent address: _____

State: _____ Country: _____ Pin Code: _____

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

E-mail (Mandatory) _____

Library Fee* PAID/ NOT PAID (if paid fee Receipt No:)

Caution Money* PAID/ NOT PAID (if paid Receipt No:)

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

Signature of Applicant

Verified by
Signature of Head of the Department
With seal and date

* Students/Scholars have to attach the proof of library fee/caution money paid with this form.

For Office Use Only

Library Membership No. : Library Fee Verified (yes/no)..... Caution Money Verified (yes/no).....	Remarks, if any
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Central Library Membership Card Received

Signature of Student

Signature of Membership I/c