



iase
GATEWAY
UNIVERSITY

CENTRAL LIBRARY

Sardarshahar (Churu) Rajasthan 31403

Form No. CL

Application Form New / Renewal of Library Membership

Affix your recent
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Name.....Father's Name.....

Designation: Department:

Class: Enrollment No.....DOB.....Gender.....

Office/ faculty address.....

.....

Email ID..... Mobile No.....

Category: - Teaching [] Non Teaching []

Student [] Research scholar []

Residence address.....

.....

Telephone No..... Residence mobile.....

Date:

Applicant's signature:

(To be filled by office of the applicant)

I forwarded he/she the student or employee of our faculty. This office fully agreed to the terms for the library membership of the applicant. The applicant membership valid upto.....

Name of Director /Principal

Mobile.....Email.....

Date.....

Signature with Office stamp

(For central Library office use)

Membership no..... Bar code..... Valid upto.....

Phone: Email id: iaselibrary@gmail.com

Date

Librarian's Signature