

TEZPUR UNIVERSITY LIBRARY TEZPUR UNIVERSITY

APPLICATION FOR LIBRARY MEMBERSHIP

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To The Deputy Librarian Tezpur University

Faculty/ Student/ Research Scholar Non-Teaching Staff/ Others

Sir, I wish to enroll as a n library and abide by the same	nember of the Tezpur University Library. I have	oll Noread the rules and regulation of the
Name[in block letters]	:	
Father's Name	<u>:</u> ,	
Designation/ Course	: Date of Jo	pining
Dept./ Centre	· · · · · · · · · · · · · · · · · · ·	
Permanent Address	:	
Present Address	:	
E-mail	· · · · · · · · · · · · · · · · · · ·	
Date of Birth:	Contact No.	
Name/ Dept./ Guide (in case of Research Scholar)		
Recommended by Dean/ H.o	.D./ In-charge :	
I hereby declare that	the information given above is true and correct	to the best of my knowledge.
Date:		Signature of the Applicant
User Account No:	[For Office Use Only]	
Circulation Section	RECEIVED Signature:	Deputy Librarian

Date