

# UNIVERSITY OF AGRICULTURAL SCIENCES, RAICHUR

[ICAR, NAAC accredited and UGC u/s 12(B) & 2(f) approved]



Office of the University Library  
Lingasugur Road, Raichur-584 104  
Karnataka, India

## APPLICATION FOR LIBRARY MEMBERSHIP (For Staff Only)

Employment No.	
Name of the Official (In Block Letters)	
Designation	
Correspondance address	
Permanent Residential address	
Appoint Order No. & Date	
Whether permanent	
Name of the Department /Section	

Please enroll me as a Member of the Library, I shall be abide by the rules & procedures of the Library and responsible for all the materials borrowed from the library, I shall clear all the dues before my relief on transfer/resignation/retirement and obtain a **Clearance Certificate** from the University Library.

Date:

Signature

### Official Superior's Recommendation

Farwarded to the University Librarian, UAS Raichur. The particulars furnished by Mr./Miss./Mrs./Dr.\_\_\_\_\_ are correct. He/She may be enrolled as a Member of the University Library, UAS Raichur.

Signature  
Head of the Department

Signature  
Head of the Institution

### Library Office use only

Enrolled as a member of University Library, No.\_\_\_\_\_ Vide Page No.\_\_\_\_\_

University Librarian

## **LIBRARY MEMBERSHIP ID CARD INFORMATION**

Affix Passport  
Size Photo

Date of Birth	
Blood Group	
PAN Card No.	
Passport No.	
Phone No.	
E-mail ID:	
Emergency Contact (Name and Address with Cell No.)	

**Sign in the Box**

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