



**PROFESSOR BHUBANESWAR BEHERA  
CENTRAL LIBRARY  
SAMBALPUR UNIVERSITY  
JYOTI VIHAR, BURLA-768019**

Photograph

**MEMBERSHIP FORM FOR STUDENTS/SCHOLARS**

<b>Name (In Capital):</b>		<b>DOB:</b>			
<b>School/Department/Centre:</b>					
<b>Library Registration Fee (With Receipt No):</b>			<b>Session:</b>		
<b>Category :</b> Student <input type="checkbox"/>		Research Scholar <input type="checkbox"/>			
<b>Program:</b> UG <input type="checkbox"/> PG <input type="checkbox"/> M.Phil <input type="checkbox"/> PhD <input type="checkbox"/> Other <input type="checkbox"/>					
<b>Course:</b> B.Tech/M.Tech/MA/M.Sc./MLIS/MSW/MBA/M.Phil/PhD/D.Sc./D.Litt <input type="checkbox"/>					
<b>Email Id:</b>		<b>Contact No:</b>		<b>Roll No:</b>	
<u>Present Address:</u>			<u>Permanent Address:</u>		
<b><u>PLEASE NOTE</u></b>					
1. By submitting this form, I agree to observe the Central Library policies, rules and regulations.					
2. I agree to return borrowed materials by the due date or recall date. Otherwise I will pay fine as per the rule.					
3. I will notify the Central Library of any change of my address, Contact details and loss of Library Card.					

**Recommended and forwarded from Head of the Department.**

Certified that the information furnished above by Mr./Ms. \_\_\_\_\_ is a Student/Research Scholar studying/working in our Department.

Signature of the Student

Signature of Head of the Department

Date:

(Seal)