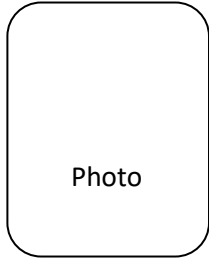


# Swami Vivekananda Mahavidyalaya, Udgir

## LIBRARY MEMBERSHIP FORM

Date:-----  
Member Code:-----  
Period of Membership:-----  
Category : Staff/ Student  
Class:-----  
Cast : Open / SC/ST/NT/OBC  
Date of Birth :-----



To,  
**The Library,**  
**Swami Vivekanand Mahavidyalaya ,Udgir**

**Sir/Madam**

I would like to be a member of your library. I have read all the rules of the library and will assure to follow the rules in case of any misbehavior found on my part ,I will responsible for any punishment/ fine give by the authority .

**Member s, personal information:**

Name : -----  
Roll/ ID No : -----  
Permanent Address :-----  
:-----  
:-----  
:-----  
Phone /Mobile No. :-----

**Name & Sig**

### **RECOMMENDATION LETTER**

It is recommended that -----  
Student /staff of our college & He/She May be given membership of library.

**H.O.D.**

**Principal**

**Librarian**

Library Deposit Receipt No. :-----  
Date of Receipt :-----  
Date of Membership :-----  
ID/Roll No. :-----

(In case of cancellation of membership)

As there is no reading material / book & dues & against-----

-----His /Her Membership may be Cancelled.

Date of issue of no duse Certificate :-----

Amount of Deposit Rs.-----

**Librarian**

**Principal**