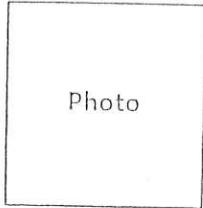


DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY (DU)
Library Membership Form



Date _____
Reg. No. _____

I, the undersigned would like to apply for Library Membership as Individual/ Institutional/ Corporate/ Alumni. I hereby undertake the responsibility to abide by rules of the library. In case of late return/ loss or damage of any library resources borrowed by me, I am willing to pay the required amount.

Personal Information

Name in Full Mr. / Mrs. /Miss: _____

Designation: _____

Course Details (Name & Duration): _____

Department / Wing _____

Name of the Institute and Address (If applicable): _____

Present Address: _____

Telephone No: O: _____ R: _____ M: _____

Email ID: _____

Signature of applicant

Recommendation

I recommend that Mr./Mrs./Miss: _____ May be given library Membership.

Head of the Department: _____

For Office Use Only

Librarian Asstt:

Membership ID: _____

Membership Approved/Not Approved:

University Librarian: