





**CENTRAL LIBRARY**  
**Jawaharlal Nehru Krishi Vishwa Vidyalaya**  
**Krishinagar, Adhartal, Jabalpur (M.P.) - 482 004**

***LIBRARY MEMBERSHIP FORM (Faculty/Staff)***

ID No *	
Name ( Block Letters)	
S/D/W Name	
Designation	
Department	
College/Unit/Directorate/ Centre	
Blood Group	
Date of Birth ( DD-MM-YYYY)	
Contact No.	Mobile- Others-
E-mail ID	
Registered in CeRA	CeRA ID :
Permanent Residential Address	
Date of Issue (filled by Library)	
Valid upto (filled by Library)	

**Note:** \* Official staff ID No. will be issued by office of AR (G)

**Declaration:** I, The undersigned would like to apply for library membership. I have read the Library rules and Regulations and agree to abide by them.

**Signature**

**HOD Recommendation**