**Satyanarayan Sinha Central Library**



**Jawaharlal Nehru Krishi Vishwa Vidyalaya**

**Krishi Nagar, Adhartal, Jabalpur (M.P.) 482 004**

**Paste**

**Photo**

**LIBRARY MEMBERSHIP FORM**

Department: ----------------------   
Library Card ID: -----------------------

|  |  |
| --- | --- |
| Name ( Block Letters) |  |
| Father’s Name |  |
| Date of Birth  ( DD-MM-YYYY) |  |
| Gender |  |
| Course Category ( Tick one) | **UG** **PG** **Ph.D** |
| Present Residential Address at Jabalpur ( Hostel / Paying Guest) |  |
| Permanent Residential Address |  |
| E-mail ID  Mobile No. |  |
| Bar-coding ID No.  ( Office Use) |  |
| Class Advisor Name |  |

**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 of Student Signature of Class Advisor**