

VIDYASAGAR UNIVERSITY CENTRAL LIBRARY

Membership Registration Form

[For Non-stipendiary Research Scholars only]

To The Librarian Vidyasagar University Midnapore – 721102		ID No(for office use only)
the rec	se to abide by the library rules which may b	rary. I furnish below my relevant particulars. I be made applicable from time to time. I submit all be liable to pay any dues which I may owe
1.	Name: Mr./Mrs./Ms	
2.	2. Department	
3.	. Date of Joining as Research Scholar	
4.	Permanent Address	
	Dist.	
5.	. E-mail address (if any):	
6.	. Mobile No	
7.	. Tenure of engagement: From To	
8.	Caution Deposit Receipt No	
	Signature of the Supervisor with seal	Signature of the applicant
		Signature of the Librarian
	Countersigned by the HOD	

- > Caution Deposit Receipt copy to be produced with this application form
- > Copy of Ph.D Registration certificate to be attached