**Dr. Y S Parmar University of Horticulture & Forestry**

**Satyanand Stokes Library, Nauni, Solan(HP) 173230**

**Membership Form for the Staff**

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**FATHER’S/HUSBAND’S NAME**

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**DESIGNATION**……………………………………..**DATE OF BIRTH** ………………………………………………………

BLOOD GROUP…………………………………….....E-MAIL ADDRESS…………………………………………………..

**DEPARTMENT**………………………………………………………………………………………………………………………..

**PRESENT ADDRESS**....................................................................................................................

CITY…………………………………STATE………………………………………..PIN…………………………………………….

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**PERMANENT ADDRESS**………………………………………………………………………………………………………….

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**( Signature with stamp)**

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**DR. Y S PARMAR UNIVERSITY OF HORTICULTURE AND FORESTRY**

**SATYANAND STOKES LIBRARY, NAUNI-SOLAN 173 230 HP**

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