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

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

**Membership Form**

**Please enroll me as a member of SNS library, under the library rules and**

**I Undertake, promise to obey all library rules and I undertake, promise to**

**Obey all library rules inforce time to time. Please fill in the proforma in**

**Capital letters.**

**Library Membership No.:**

 **(to be filled by the library)**

Admission No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 College of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME (In block letters) Mr./Ms/Mrs.**

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**FATHER’S/HUSBAND’S NAME**

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DATE OF BIRTH …………………………………………………….BLOOD GROUP…………………………………….....

E-MAIL ADDRESS…………………………………………………………………………………………………………………….

CLASS……………………………….DEPARTMENT………………………………………………………………………………

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

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

PHONE NO……………………………………………………..MOB………………………………………………………………

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

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

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RECEIPT NO………………………………………….DATE………………………………………………………………….......

RECOMMENDED SIGNATURE OF CANDIDATE

Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean/Head of Deptt.

 (Signature with stamp)

 LIBRARIAN