

Valid up to: _____

BHAI GURDAS LIBRARY

ONLY LIBRARY CONSULTATION BY NON-MEMBERS

AC READING HALL NOT ALLOWED

Name _____ Gender _____

Father's Name: _____

Date of Birth: _____ Mobile No: _____

Aadhar No _____ Email Id: _____

Permanent Address: _____

Local Address: _____

Purpose to Visit: _____

State if Teacher/Student/Research Scholar (Give Name of Univ/College):

From (Day-Month-Year)	To (Day-Month-Year)	Number of days for which Library is to be consulted

Recommendations of Guide / Principal / HOD : _____ (signature)

Name of recommending person: _____

Designation of recommending person: Head / Director / Principal / _____

Department of recommending person: _____

FOR OFFICE USE ONLY

ALLOWED / NOT-ALLOWED

Payment (Rs.) _____ Receipt No: _____ Dated: _____

Entered at serial no. _____ Page no. _____ Signature: _____

Assistant Librarian (Circulation-II)

Professor Incharge (Bhai Gurdas Library)