



CENTRAL LIBRARY
DEEN DAYAL UPADHYAY GORAKHPUR UNIVERSITY
GORAKHPUR-273009

MEMBERSHIP FORM FOR FACULTY MEMBERS

Name: _____

Designation: _____

Faculty: _____ Department: _____

Subject/Specialization (if any): _____

University ID No. : _____

Date of Joining: - - Date of birth: - - 1 9

Permanent Address: _____

Postal Code:

Email address:

Telephone No.: Mobile Number:

I apply for membership and agree to abide by the terms & conditions of Central Library, Deen Dayal Upadhyaya Gorakhpur University and its Information Service, including those relating to acceptable use of computer equipment on library premises, and agree to use of this data as set out in the terms and conditions.

Signature with SEAL
Head of department

Signature of the Member
Date:

Term and Conditions

- Anyone who works or studies in Deen Dayal Upadhyay Gorakhpur University can become the member of Central Library.
- We ask for additional information to help us plan and provide a better service.
- You are entitled to borrow from Libraries collections. You are responsible for everything taken on your Card: You should not lend it to anyone.
- Members should be charged for non-returned, lost or damaged documents. We make a non-refundable charge to replace lost document.
- You are entitled to free use of the computers in Deen Dayal Upadhyay Gorakhpur University Libraries.

HONORARY UNIVERSITY LIBRARIAN
clddugkp@gmail.com

**Your advice or suggestions for betterment of the university library
will be much appreciated and welcomed....**



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MEMBERSHIP FORM FOR STUDENTS

Name: _____	Fathers Name _____	
Faculty: _____	Department: _____	
Subject: _____		
Fee receipt no. _____		
University ID No. : _____		
Date of Admission: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
Permanent Address: _____		
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MEMBERSHIP FORM FOR STAFF

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Designation: _____																															
Department: _____:																															
University ID No. : _____																															
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