



GAUTAM BUDDHA UNIVERSITY

Bodhisattva Dr. B. R. Ambedkar Library

Library Registration Form

(For Research Scholar)

- 1. Registration No. :.....
- 2. Full Name (Block Letters) Mr./Ms.:.....
- 3. Sex (Male/Female) :.....
- 4. Designation :.....
- 5. Department/School :.....
- 6. Date of Birth :.....
- 7. Address :.....
.....
.....
- 8. Phone No. :.....
- 9. Mobile No. :.....
- 10. E-Mail Address :.....
- 11. Valid up to :.....
- 12. Blood group :.....

Colour
Photograph
(Please don't
staple)

(Signature)

Date:.....

(Guide's Signature)

(Dean's Signature)

For Library Use Only

- 1. Library Membership No. :-.....
- 2. Date of Registration :-.....
- 3. Registration Validity From..... To.....

(Library Staff's Signature)

Date: