



# GAUTAM BUDDHA UNIVERSITY

Bodhisattva Dr. B. R. Ambedkar Library

## Library Registration Form

(For Staff Member)

- 1. Employee Code No. :.....
- 2. Full Name (Block Letters) Dr./Mr./Ms.:.....
- 3. Sex (Male/Female) :.....
- 4. Designation :.....
- 5. Department/School :.....
- 6. Date of Birth :.....
- 7. Address Permanent :.....  
.....  
.....
- 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:.....

(Registrar's Signature)

### For Library Use Only

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

(Library Staff's Signature)

Date: .....