



KANNUR UNIVERSITY

THALASSERY CAMPUS LIBRARY, PALAYAD

APPLICATION FOR MEMBERSHIP

(University Teachers, Students and Research Scholars of the Departments and non-teaching staff of the Campus)

Please fill in the form and get it recommended by the Head of the Department / Branch Officer as the Case may be

Membership No.....

Name (in capitals) :

Date of Birth :

Department :

Class :

Duration of the Course : From..... To.....

Designation, office/Dept :

(Office Address) :

.....

.....

Name of the Research Guide :

Phd Registration Order No. :

Home Address (in Capitals) with pincode :

Address to which communication to be sent (in capitals) with pincode

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Telephone No:.....Code..... Telephone No:.....Code.....

Email..... Email

I desire to become a member of Thalassery Campus Library, and if admitted, I agree to abide by the Library rules in force from time to time and the decision of the Campus Librarian regarding them. I specially undertake to make good any loss or injury to books/periodicals caused to them while in my possession

Place : Signature :
Date : Name :

Recommendation by the head of the Department / Branch Officer

Sri./Smt./Kum/..... is a student undergoing the course/Research Scholar/Staff member and I recommend him/her for membership in the campus Library. I undertake that clearance certificates from the Campus Librarian would be obtained before he/she is given Hall Ticket/Transfer Certificate/Relieving order /permission to submit thesis which ever is earlier. The probable month & year if the University final examination (applicable to students only) is.....

Signature :

Place : Name :

Date : Designation :

Department/Branch :

FOR OFFICE USE ONLY

Admitted on : Expiry:

No. of Cards issued : Campus Librarian

Proff. Asst.