



**DIT University
Central Library**

(LIBRARY MEMBERSHIP FORM FOR FACULTY/NON TEACHING MEMBERS)

LIBRARY CARD NO.....

The Librarian

DIT University, Dehradun

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Kindly enroll me as a Member of Central Library-DIT University; my personal particulars are given below:

Name (in Block Letters)	
Designation	
Department	

Permanent Address	
Mobile No.	
Local Address	
E mail	

I hereby agree to the following:

- a. I promise to abide by all Library Rules, which may be made applicable from time-to-time.
- b. I would be liable to pay any dues, in respect of damage/non return of Library books and fine payable for non-compliance of Library Rules and Regulations.

Signature of Applicant :

Approve by HOD/Director :

Signature of Librarian :

Dated :