

**DELHI TECHNOLOGICAL UNIVERSITY
BAWANA ROAD, DELID-II0042**

CENTRAL LIBRARY

MEMBERSHIP FORM FOR STUDENTS

Readers ID No

FirstName_____MiddleName_____L
ast Name_____

Category_SC / ST/ OBC/ GEN____ Registration No: _____ Roll No: _____

Course:_____ Branch: _____ Year of admission: _____ Year of leaving_____

Communication Address: _____

Phone no's:_____ E-Mail:_____

Permanent Address:

Phone no.s:_____

I have read the rules and regulations of the library and hereby undertake to abide by them.

Signature of Dean (Academic)

Signature of applicant

NOTE: Please write name, course and registration number on the back of photograph and do not paste on this form.