



Maharashtra National Law University – Aurangabad
Library Membership Application Form

(Type of Membership- Faculty /Visiting Faculty/Non-Teaching Staff)

I request that I may be enrolled as a member of Library, MNLU-A

Name (in Capital) :
Date of Birth (DD/MM/YYYY) :
Blood Group :
Enrollment No. :
Designation :
(In case of Ext. Member Name of Organization) :

*Affix Recent
Passport Size
Photograph*

Residential Address with Pin code (In Capitals only)

Communication Address with Pin code (In Capitals only)

.....
.....
.....

.....
.....
.....

Pin code

--	--	--	--	--	--

Pin code

--	--	--	--	--	--

Phone No (Cell) :

Phone No (Cell) :

Email ID:

Email ID:

DECLARATION

I undersigned confirm that the information given above is true to the best of my knowledge. I shall abide by the rules and regulations of the Library.

Place: MNLU-A

Date: / /

Signature

(For Office use)

Fee Deposit Receipt No. :
(In case of Ext. Member)

Date: / /

Signature of Account Officer

Library Membership No.:

Date of Issue: Valid up to: No. of Book permitted:

Circulation In-Charge

Signature Librarian