

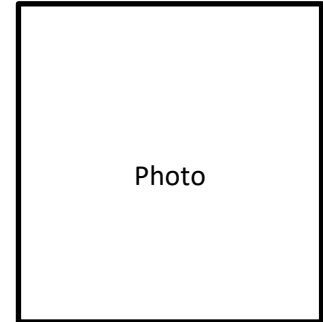


GOA UNIVERSITY LIBRARY

Teleigao Plateau, Goa - 403206

Ph. No. (0832) 6519012,6519049,6519050 email: librarian@unigoa.ac.in

Application form for Membership (individuals)



I desire to enroll myself as an individual member of Goa University Library. I have read the Rules and Regulations and agree to abide by them. I shall take proper care of Library books and undertake to replace any book/s lost or damaged by me. I shall notify to the Library any change of my address, telephone number etc.

Name (in Block letters)

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Complete Address

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Mobile No

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E-mail ID

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I am remitting herewith Rs.....(Rupees..... only) towards the Annual/weekly fee of the Library.

Signature

For Office Use only

Reg. No

Date of Reg.

Chalan No

Date:

University Librarian