



Centre de Sciences Humaines

Library Membership form

Library ID

Name of the visitors; -----

Designation; -----

Date of Joining; -----

Valid Up to; -----

Date of Birth; -----

Current Address of the visitor; -----

City; -----

PIN Code; -----

State; -----

Mobile N°; -----

E-Mail ID; -----

- By submitting this form, I agree to observe the CSH library policies, rules and regulations.
- I agree to take care of borrowed reading materials and return them by the due date and recall date.
- I also agree to pay the overdue charges, charges for the lost or damaged materials borrowed from the library.

Signature of the visitor; -----

Librarian; -----

Date; -----