



Rs. 5/-

MANIPUR UNIVERSITY LIBRARY
CANCHIPUR: IMPHAL

Sl. No.

Phone: 2220859
GRAM: MANIVARSITY
Pin: 795 003

(Membership form for use of the Scholars & Students only)

**The Librarian,
Manipur University,
Canchipur, Imphal.**

Sir,

I have admitted/registered myself in M.A./M.Sc./M.Com. (Previous/Final/Ph.D. in the Department of and I wish to become a member of the library. I have read the rules and regulations of the Library and I undertake to abide by them.

Particulars:

1. Name (in block letters) :
2. Address during the course :
(Leirak/Leikai)
3. Post Office/B.P.O. & P.S. :
4. Permanent Address/Address after:
the course (Leikai/Leirak) :
5. Father's Name/Legal guardian's name :
6. Occupations of 5, P.O./B.P.O. & P.S. :
7. Enrolment No. :
8. Library Deposit/Library fee paid. :
Vide receipt No.
- 9.* I was not/was a student of any other :
department of the University
10. I hereby undertake that in case I fail to return any of the books or library cards, I may be debarred from appearing at the Examination or my result may be kept withheld. I am also hereby bound to pay the cost of the books/cards.

Full signature of the student

Note: Original fee receipt, photocopy of T.D.C. marks sheet and 5 passport photographs of the M.A/M.Sc./M.Com. students and 7 passport photographs of the Research Scholar duly attested by the Head of the Department should be submitted.

* *In case he/she was a student, he/she should indicate the year and submit the Library Clearance Certificate issued to him/her.*

11. Surety of the father/legal guardian:
 Certified that, Shri
 father of/guardian of Mr./Miss./Mrs.
 of the Department of
 is responsible for the book(s) issued to him/her during his/her study in the
 University. I will deposit the cost of the book(s) within 5 (five) days of the receipt of
 the intimation from the University Librarian in case my ward fails to return the
 book(s).

Signature & address
 authenticated by

Signature of the
 Father/legal guardian

Date

(Signature & address to be attested by a
 Gazetted Officer)

12. **TO BE CERTIFIED BY THE HEAD OF THE DEPARTMENT**

Certified that Mr./Miss./Mrs.
 is a regular student/scholar of the Department of
 and I recommended that he/she may please be given library facilities.

Date

Head of the Department
 Seal

13. **FOR LIBRARY USE ONLY**

Fee receipt verified Membership No. four/two
 Reader

Ticket prepared as details given below:

Particular	No. of Tickets	Readers Tickets	Sl.No.
Text book tickets	2		
General Tickets	2/4		

Reader tickets may be issued.

Librarian/Deputy Librarian

14. **FOR LIBRARY USE ONLY**

- Two/Four/Six Reader Tickets bearing Sl.No.
 deposited.
- Clearance Certificate issued Ref. No. Date
 received no. due certificate.

Full signature of the student