

KERALA AGRICULTURAL UNIVERSITY
LIBRARY, COLLEGE OF AGRICULTURE, VELLAYANI
Application for Membership-Students/Faculty/Research Scholars

(To be filled up by the applicant and recommended by the Dean of Faculty /Advisor/Guide)

Name of Applicant in full (in BLOCK Letters)	
Name of Course	
Admission No.	
Designation (for Faculty)	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/>
Do you belong to the Scheduled Caste (SC) category?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth	
Name of Department (for staff/PG Dip/PG/Ph.D. students)	
Date of superannuation (for Faculty) GPF/UPEN No.	
Permanent Residential Address (in Capitals) with Pin code	
Phone/Mobile	Land Line: Mobile Number:
E-mail	
Blood Group	
State whether you were a member of the college library at any time; if so, give previous admission No., Name of the course, year.	

DECLARATION

I agree to abide by the rules and regulations of the Library, College of Agriculture, Vellayani, in force from time to time, and the decision of the Dean of Faculty regarding them. I shall be responsible for any loss sustained by the library due to my membership and shall make good any such loss.

Place:
Date:

Signature of Applicant:

Recommendation of the Head of Institution (For staff)/Advisor/Guide

I recommend for membership in the college library

Date:

Signature:

DEAN OF FACULTY /ADVISOR/GUIDE
(Office Seal)

For Library use only

Membership issued on.....

LIBRARIAN