

Maharshi Dayanand Saraswati University, Ajmer
Central Library (Saraswat Bhawan) Membership Form

For office use:
Membership No.:
SU/DS.....

Date of Submission:

| | | |
|-------------------------|--|---|
| Department's Name | | <div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;">Recent P.P. size colour photograph, duly stamped by the Department.</div> <p>(Signature of student)</p> |
| Class (Semester / Year) | | |
| Student's Name | | |
| Father's Name | | |
| Permanent Address | | |
| | | |
| Contact Number | | |

(To be filled-in by the student, in CAPITAL LETTERS)

The form must be duly verified by the Department with seal and signature over the photograph.)