



TRIPURA UNIVERSITY
 (A Central University)
 Suryamaninagar- 799022

CENTRAL LIBRARY
MEMBERSHIP FORM FOR STUDENTS

Name (*in capital letters*):

Gender:.....

Father's Name:

Department:

Courses:

Date of Admission:..... Session:

Enrolment No.....

Category (UR/SC/ST/OBC/PWD/etc.:.....

Communication Address:

Dist./City:.....State:.....PIN.....

Permanent Address:

Dist. /City:.....State:.....PIN.....

Mobile No.:Email ID:

Please paste
 your recent
 passport size
 color
 photograph

DECLARATION

I hereby declare that the information furnished above is true and correct to the best of my knowledge and further declare that I will abide by the rules and regulations of the Central Library, which may be made applicable from time to time.

Recommended

Signature of the Applicant
 Date:.....

HOD
 Signature with Seal

Documents Required:

- Copy of I.D. Card / PAY-IN-SLIP
- Copy of Address Proof (Aadhaar Card /Voter ID Card, etc.)

FOR OFFICE USE ONLY

Membership No:

No. of Books Allotted:.....

Date of Activation:.....

Library Professional
 (Dealing Assistant)

Assistant Librarian
 Membership (i/c)

Librarian