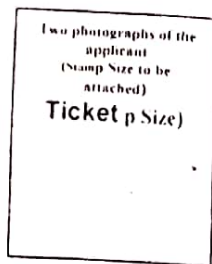


THE LIBRARY, EAST ASIAN STUDIES
FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF DELHI, DELHI - 110007

MEMBERSHIP APPLICATION FORM FOR STUDENTS

Course Membership No. EA-..... OPENING DATE
Library Tickets (Nos) Signature CLOSING DATE



(TO BE FILLED BY THE STUDENT **IN CAPITAL LETTERS**)

I request that I may be enrolled as a member of the Library. I promise to obey all its rules which I have read.

Full Name

Course: Ph.D./M.Phil./M.A.(EAS)/M.A.(CL/JL/KL)/CF-2/JF-2/KF-2/CF-1/JF-1/KF-1 (✓ Appropriate Course)

Year (I/II/III/IV)

Father's Name

Date of Birth Email Address

Correspondence Address

..... Pin Code

Mobile No Phone No.(Home)

Permanent Address

..... Pin Code

UNDERTAKING:

I promise to obey all the Library rules which I have read and accept responsibility for due return of books which are issued to me.

Signature of Applicant

Date

(Filled by Student)

I, the undersigned recommend that be enrolled as a member of the Library. The information furnished by him / her has been verified by the Office.

Fee Receipt No. Fee Receipt Date Refundable fee LDF

Date of Admission

Signature and Seal of Recommending Authority