MADRAS UNIVERSITY LIBRARY (MUL)

University of Madras, Chepauk, Chennai - 600 005.

APPLICATION FOR LIBRARY MEMBERSHIP

(**Affiliated College)**

ID Number **(Assigned by the Office)**	**M**	**U**										**M**	**L**			

Name in Block Letters	
Address (Registered Office) Phone :	Email:
Address (College) Phone :	Email:
Name and Designation of the contact person who will deal with the Library transactions	Email:
Number of Library Tickets required	Email:
Details of payments of Non-refundable amount *	By Cash : Amount: Rs.

Note : * Non-Refundable Annual Service Charges on Rs. 2000/- (For 10 tickets).

We hereby undertake that,

1. We will abide by the Library Rules and Regulations.
2. We will compensate to the Library any loss arising from theft, damage etc, of the book(s) borrowed.
3. We will return the books(s)borrowed by the due dates and, if we fail to return/renew them, we undertake to replace or pay the dues/cost of the books(s) as per the Library rules.
4. We will return all the books(s) and library tickets to the Library before cancelling our membership

Date: **Seal:** **Signature of the Principal**

(For Office use Only)

Admission No: Date:
The College may be enrolled as a Affiliated College Member

Received Library Tickets: ----------Nos.

University Librarian

Signature with Date

Returned all the Library Ticket after clearing all my dues/charges

Signature of authorized person with date

Membership closed on ----------

Remarks, if any

Date : **CRS Staff** **University Librarian**