



**LIBRARY MEMBERSHIP FORM
(STAFF ONLY)**

**CENTRAL LIBRARY
CENTRAL UNIVERSITY OF ODISHA, KORAPUT
KORAPUT-764021**

Name in Full (IN CAPS):.....

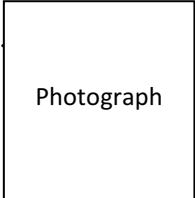
Date of Birth:..... Dept/Sec/Centre:.....

Designation:.....Employee No.....

Aadhar No.Contact No.:.....Email:.....

Nature of Appointment: (a) Regular (b) Contractual

Type of Membership: (a) Teaching (b) Non-Teaching



(Attach Photocopy of CUO Appointment Letter, joining report & Two Passport Size Colour Photographs)

Address:

a) Present :.....

b) Permanent:

Date:.....

Applicant's Signature

Specialization (for faculty):.....

Recommendation from HOD/DOS/HOC:

Dr/Mr/Ms.....has Joined CUO as.....
in the Dept./Sec/Centre.....on...../...../.....

Recommended for Membership

Date:.....

Signature of HOD/HOS/HOC

For Library Use Only

Borrower No:-

Date:.....

Signature & Seal of Librarian