



**LIBRARY MEMBERSHIP FORM
(STUDENT/SCHOLAR ONLY)**

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

Office Use Only

User ID/Enrollment No.:

Koha ID :

Date of Registration :

Date of Expiry :

**Passport size
colour Photo
(Attested by
HODs/Dean)**

(To be filled by the candidate in capital letter only)

1. **Name (In Block Letters) :**
2. **Father's Name :**
3. **Mother's Name :**
4. **Aadhaar Number :** **Blood Group :**
5. **Enrollment No. :**.....
6. **Type of Membership :** (a) Student (b) Research Scholar
7. **Centre/Department :**
8. **Programme / Course :**
9. **Physical Disabilities (If Any ✓):** Yes/No :
10. **Session :** 20.....to 20.....
11. **Gender :** (a) Male (b) Female
12. **Address**
 - a. **Present :**.....
.....
 - b. **Permanent :**.....
.....
 - c. **Email :**..... **Phone/Mob :**
13. **Specialization (for Research Scholar):**

Student's Signature

Seal and Signature of H.O.D. / Dean

Any Remarks by the Librarian (For Office Use Only):

Seal & Sign of University Librarian