



MANIPAL UNIVERSITY
JAIPUR

LIBRARY MEMBERSHIP FORM

Name :

Reg.No. / Staff ID No. :

Member Type: Student..... Staff.....

Branch/Designation :

Gender : Male Female.....

Date of Birth :

Course :

Department :

Father's Name :

Phone :

Email :

Address :

City :

State :

Pincode :

DATE:

SIGNATURE

CHIEF LIBRARIAN