

Note: Please Include Prescribed Cost of Form While Sending This Internet Downloaded Form

**International Centre for Distance Education and Open Learning
Himachal Pradesh University, Summer Hill, Shimla-5**

LIBRARY MEMBERSHIP FORM

The Deputy. Librarian,
ICDEOL Library,
H.P. University, Shimla-5

Sir,

I have gone through the library rules and undertake to observe the same during studentship with the ICDEOL, Himachal Pradesh, University, Shimla-5.

I hereby remit a sum of Rs as library security by bank draft
IPO's NO dated in favour of Director, ICDEOL, Shimla-5
or vide cash receipt No.....

My Particulars are as under:

- a) Name in Full (capital letters) Mr./Ms.....
- b) Father's Name
- c) Registration No. Class
- d) Subject..... Semester.....
- e) State if admitted direct to IInd semester, yes/No.....
- f) ICDEOL Roll No
- g) Correspondence address (capital letters)
.....
.....Pin Code.....
- h) Permanent address (capital letters)
.....
..... Pin Code.....

I enclose herewith my two passport size photographs alongwith membership form duly attested by
..... Designation.....

Address

I pledge that I will not misuse the library facilities and in case of any default, I shall be liable to pay the penalty imposed by the Director..

It is certified that I am not employed. However the official address of my parents/guardian is given as under

Name Relation.....

Official AddressPin Code.....

It is certified that I am employed in govt./public sector/private concern as
(designation) official address

I may therefore. be enrolled as a local/outstation member of the library.

Yours faithfully,

Dated.....

Signature of the Candidate

FOR OFFICE USE

The particulars of Mr./Ms.
Class.....SubjectICDEOL Roll No.....
Semester have been verified from the relevant
admission record of the student and are correct. He/She is a bonafied student of the ICDEOL. Necessary "no dues
certificate" will be obtained from the library at the time of migration/final examination/termination of connection by
the student from ICDEOL.

Dealing Asstt.

Section Officer

Deputy. Registrar ICDEOL

FOR LIBRARY USE

Library membership enrolment form of Mr./Ms.....
is in order. The requisite security amount. (Rs Rupees.....)
only has been paid by the applicant and necessary entry made in the library security register at
Sr. No dated.....and he/she is enrolled as local/outstation member
of the library under borrower no

Signature of Circulation Asstt.

Deputy. Librarian
ICDEOL Library
H.P. University Shimla-5

**International Centre for Distance Education and Open Learning
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MEMBERSHIP FORM FOR STUDENTS

Please enroll me as member of the ICDEOL library, I promise to obey all its rules:

Full Name (Block Letters)
Department..... Class..... Semester.....Roll No.....
Correspondence Address.....
.....
Father's/Guardian's Name and Permanent Address.....
.....
.....

Dated.....

Applicant's Full Signature

I recommend that the applicant be enrolled as a member of the ICDEOL Library. I undertake that the library security/detailed marks cards will not be released/ issued to him/her unless he/she produces clearances certificates from the library. The information furnished overleaf has been verified by my office.

Section Officer

AR/DR ICDEOL
Office Stamp

Deputy Librarian

Incharge Circulation