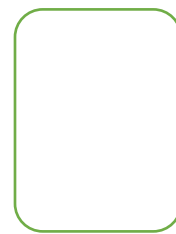


V B S Purvanchal University
Jaunpur-222003 U.P.
Vivekanand Central Library
Library Membership Form



UG/PG/RS

Department: _____ Session: _____

Name: _____ F/ Name: _____

Address: _____

Mob. No.: _____ Email: _____

I have read the library rules and agree to abide by them.

Date: _____

Signature