



**Dharmashastra National Law University  
Jabalpur M.P.**

**Library Membership Form for Faculty/Staff**

**Date:**

**Employee Id No.:**

**Member Type: Teaching  Non-Teaching  Visiting Faculty**

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**Name (Block Letters)** -----

**Present Address:** -----

-----**State:** -----**Pin Code:** -----

**Permanent Address:** -----

-----**State:** -----**Pin Code:** -----

**Official E-mail ID:** -----

**Mobile No.:**-----**Alternate No.:**-----

**Declaration:**

I accept that any borrowed Books, Journals/Magazines, etc. will be returned or reissued on or before the due date.

I have read all the rules and regulations of the Library. I will strictly follow all the rules of the Library.

**Applicant Signature**

I recommended Dr. /Prof. /Mr. /Ms. -----may be given  
Library Membership.

**Librarian**