



CENTRAL LIBRARY

YENEPOYA (DEEMED TO BE UNIVERSITY)
Nithyananda Nagar Post, Deralakatte Mangalore – 575018
Ph: 0824-2206067 E mail: library@yenepoya.edu.in
<https://library.yenepoya.edu.in/>



LIBRARY MEMBERSHIP REQUEST FORM

Membership: Staff Student Alumini Guest

Name : _____ Campus/Employee ID : _____

Designation : _____ Department : _____

Course : _____ Year of Admission : _____

Date of Birth : _____ Email: _____

Phone _____ Mobile (WhatsApp) _____

Communication Address: _____

Permanent Address: _____

I request you to register me as a member of the Central library. **I undertake to abide by the Library rules as applicable from time to time**

Signature of the Applicant

RECOMMENDATION

I recommend Dr/Mr/Ms _____ for the membership in the Central Library.

Signature & Seal of the HOD

Signature & Seal of the Principal/Dean/Director

FOR OFFICE USE ONLY

1.ID Number _____ 2.Category _____

3.Registration Date _____ 3. Expiry Date _____

Section In-charge
Circulation Section

LIBRARIAN

Note: Please attach 3 passport-sized photographs along with your application