



JAIN VISHVA BHARATI INSTITUTE

LADNUN - 341 306 (RAJASTHAN), Website : www.jvbi.ac.in

ADMIT CARD / LIBRARY MEMBERSHIP FORM

Membership Personal Information : *Enrolment No.* _____

_____ Last Name First Name Middle Name

Prof./Dr/Mr./Ms./Mrs. _____

Date of Birth: ___/___/____ (DD/MM/YYYY) Membership Type _____ (Gen/OBC/SC/ST)

Father's/Husband Name : _____

*Affix bust size
Photograph*

Members Academic Information :

Category _____ (Faculty/Officer/Staff/Student)

Course / Designation _____ Member ID _____

Department _____ Year of Joining _____

Members Contact Information :

Permanent Address :

City : _____ Pin _____

Tel. / Mobile : _____

E-mail : _____

Correspondence Address:

City : _____ Pin _____

Tel. / Mobile : _____

E-mail : _____

Date :

Signature of Candidate

FOR OFFICE USE ONLY

Effective Date : From _____ to _____ Receipt Number : _____

Receipt Date : _____ Member Code : _____

Signature of Library Personnel

Forwarded by :

Circulation Dept. _____

HOD _____

Verified by :

Librarian _____