



YENEPOYA (deemed-to-be-University)
CENTRAL LIBRARY
Nithyanand Nagar P.O., Deralakatte
Mangalore – 575 018
Phone: 2206067

Application Form for Library Membership - Student

1. Campus ID: _____
2. Name of the Applicant: _____
3. DOB : _____
4. Name & Occupation of Father/Mother/Guardian: : _____
5. Name of the Course: _____
(MBBS/BDS/BPT/BSc/(Nrsng)//GNM/MD/MS/MDS/MPT/MSc(Nrsng)/PhD/Mphil/JRF/Fellowship/Others,pl specify)
6. Year of admission. : _____ Department: _____
7. Permanent Address: _____
_____ City: _____
State: _____ Pin: _____
Phone: _____
8. Address for Communication : _____
_____ City: _____
State: _____ Pin: _____
Phone: _____
9. Mobile Contact No. : _____ Phone: _____
10. Email ID : _____

Note: Please attach passport sized Photographs - 3 Nos along with application.

Date: _____

Signature of the Applicant

Signature of HOD: _____

(For PG's Only)

Signature of Principal: _____

Space for Office Use

No. of Cards Issued : _____

Date: _____

Card Number's: _____

CHIEF LIBRARIAN