



BUL/LM/No.....

BANGALORE UNIVERSITY LIBRARY

Jnanabharathi, Bangalore – 560056

<http://library-bangaloreuniversity.in>

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INSTITUTIONAL LIBRARY MEMBERSHIP FORM

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Postal Address:.....

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.....office No

Name of Principal :Email id.....

Name of Librarian:.....Email id

Contact Number Librarian:

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Fee Receipt No :	Date :	Amount :
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Date:

Place:

Principal Signature

University Librarian

Office use only		
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