



RANI CHANNAMMA UNIVERSITY

UNIVERSITY LIBRARY

Vidya Sangam, P.B. National Highway -04 Belagavi - 591156
e-mail : rculibrary@gmail.com Phone : 0831-2565216.

BORROWER'S APPLICATION FORM

FULL NAME: _____

DATE: _____

FATHER NAME: _____

DEPARTMENT: _____

GENDER: _____ ROLL NO: _____

DATE OF BIRTH: _____

MOBILE NO: _____ EMAIL ID: _____

PERMANENT ADDRESS: _____

Please attach
recent pass
port size
photo

The above mentioned student is been admitted to the department and I, hereby give him/her permission to be member of University Library.

Chairman
Seal & Signature

LIBRARY RULES:

1. Two books will be issued.
2. A borrowed book is issued for **one week** only.
3. Penalty of **Rs. 1/-** per day will be charged, if the user fails to return the book on given date.
4. The user is responsible for any damages or loss caused for the borrowed book, once it is issued to them.

Student Signature: _____

-----OFFICE USE -----

BORROWER'S NUMBER: _____

Librarian Signature _____