| JAYPEE UNIVERSITY OF INFORMATION TECHNOLOGY WAKNAGHAT, DISTT-SOLAN (HP) -173234 |            |  |        |             |    |          |   |         |     |                                       |            |  |  |
|---|------------|--|--------|-------------|----|----------|---|---------|-----|---------------------------------------|------------|--|--|
| LEARNING RESOURCE CENTER  |            |  |        |             |    |          |   |         |     | PASTE HERE A PASSPORT SIZE PHOTOGRAPH |            |  |  |
| STUDENT MEMBERSHIP FORM   |            |  |        |             |    |          |   |         |     |                                       |            |  |  |
| MEMBERSHIP NUMBER   |            | CATEGORY   |        |             |    |          |   |         |     |                                       | PHOTOGRAPH |  |  |
|   |            | B.TECH. / M.TECH. / M. PHARMA / RESEARCH SCHOLAR |        |             |    |          |   |         |     |                                       |            |  |  |
| USE CAPITAL LETT  |            |  |        |             |    |          |   |         |     |                                       |            |  |  |
| FULL NAME<br>(USE BLOCK LETTERS)  | SURNAME    |  |        |             |    |          |   |         |     |                                       |            |  |  |
|   | FORENAME   |  |        |             |    |          |   |         |     |                                       |            |  |  |
| ENROLLMENT NUMBER   |            |  |        |             |    |          |   |         |     |                                       |            |  |  |
| NAME OF THE COURSE  |            |  |        |             |    |          |   |         |     |                                       |            |  |  |
| DATE OF BIRTH   |            |  |        | /           |    |          | / |         |     |                                       |            |  |  |
| LOCAL ADDRESS   |            | HOSTELER   |        |             |    | N        |   |         | NON | ON-HOSTELER                           |            |  |  |
|   |            | HOSTEL NO.                                       |        |             | F  | ROOM NO. |   |         |     |                                       |            |  |  |
|   |            |  |        |             |    |          |   |         |     |                                       |            |  |  |
| PERMANENT ADDRESS   |            |  |        |             |    |          |   |         |     |                                       |            |  |  |
| TELEPHONE NUMBER  |            |  |        |             |    |          |   |         |     |                                       |            |  |  |
| VALID E-MAIL ADDRESS  |            | @  |        |             |    |          |   |         |     |                                       |            |  |  |
| DATE:/  |            | SIGNATURE OF THE STUDE                           |        |             |    |          |   | UDENT : | Т:  |                                       |            |  |  |
| NO DUES ISSUED AND  | D MEMBERSH | IIP CLOS   | SED ON | :           | ./ | /        |   |         |     |                                       |            |  |  |
| SIGNATURE OF MEMBERSHIP INCHARGE :  |            |  |        | LIBRARIAN : |    |          |   |         |     |                                       |            |  |  |

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|---|--------------------------|--|--------|---|-------------|----------|--------------|---------------------------------------|---|--|---|--|--|
| WAKNAGHAT, DISTT-SOLAN (HP) -173234         |                          |  |        |   |             |          |              |                                       |   |  |   |  |  |
| LEARNING RESOURCE CENTER                    |                          |  |        |   |             |          |              |                                       |   |  |   |  |  |
| STUDENT MEMBERSHIP FORM                     |                          |  |        |   |             |          |              | PASTE HERE A PASSPORT SIZE PHOTOGRAPH |   |  |   |  |  |
| MEMBERSHIP NUMBER                           |                          | CATEGORY   |        |   |             |          |              |                                       |   |  |   |  |  |
|   |                          | B.TECH. / M.TECH. / M. PHARMA / RESEARCH SCHOLAR |        |   |             |          |              |                                       |   |  |   |  |  |
| USE CAPITAL LETT                            | TERS ONLY                |  |        |   |             |          |              |                                       |   |  |   |  |  |
| FULL NAME<br>(USE BLOCK LETTERS)            | SURNAME                  |  |        |   |             |          |              |                                       |   |  |   |  |  |
|   | FORENAME                 |  |        |   |             |          |              |                                       |   |  |   |  |  |
| ENROLLMENT NUMBER                           |                          |  |        |   |             |          |              |                                       |   |  |   |  |  |
| NAME OF THE COURSE                          |                          |  |        |   |             |          |              |                                       |   |  |   |  |  |
| DATE OF BIRTH                               |                          |  |        | / |             |          | /            |                                       |   |  |   |  |  |
| LOCAL ADDRESS                               |                          | HOSTELER   |        |   |             |          | NON-HOSTELER |                                       |   |  |   |  |  |
|   |                          | HOSTEL NO.                                       |        |   | F           | ROOM NO. |              |                                       |   |  |   |  |  |
|   |                          |  |        |   |             |          |              |                                       |   |  |   |  |  |
|   |                          |  |        |   | <u></u>     |          |              |                                       |   |  |   |  |  |
| PERMANENT ADDRES                            | SS                       |  |        |   |             |          |              |                                       |   |  |   |  |  |
| TELEPHONE NUMBER                            |                          |  |        |   |             |          |              |                                       |   |  |   |  |  |
| VALID E-MAIL ADDRESS                        |                          | @  |        |   |             |          |              |                                       |   |  | _ |  |  |
| DATE:/                                      | SIGNATURE OF THE STUDENT |  |        |   |             |          |              |                                       | _ |  |   |  |  |
| NO DUES ISSUED AN                           | D MEMBERSH               | HIP CLO  | SED ON | : | /           | /        |              |                                       |   |  |   |  |  |
| SIGNATURE OF MEMBERSHIP INCHARGE :          |                          |  |        |   | LIBRARIAN : |          |              |                                       |   |  |   |  |  |
|   |                          |  |        |   |             |          |              |                                       |   |  |   |  |  |