

JAYPEE UNIVERSITY OF INFORMATION TECHNOLOGY 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 LETTERS ONLY													
FULL NAME <small>(USE BLOCK LETTERS)</small>		SURNAME											
		FORENAME											
ENROLLMENT NUMBER													
NAME OF THE COURSE													
DATE OF BIRTH						/			/				
LOCAL ADDRESS				HOSTELER					NON-HOSTELER				
				HOSTEL NO.		ROOM NO.							
PERMANENT ADDRESS													
TELEPHONE NUMBER													
VALID E-MAIL ADDRESS				@									
DATE:...../...../.....								SIGNATURE OF THE STUDENT :					
NO DUES ISSUED AND MEMBERSHIP CLOSED ON :/...../.....													
SIGNATURE OF MEMBERSHIP INCHARGE :								LIBRARIAN :					

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