## WITH COURAGE AND FAITH

Name (in Capital Letter) Dr / Mr / Mrs :

## ANNAMALAI UNIVERSITY LIBRARY

University Central Library (Dr.C.P.Ramaswamy Aiyar Library)

## APPLICATION FOR THE ISSUE OF LIBRARY TICKET

Designation Token No / Roll Number :	
Department Course :	
Salary Token No :	
Date of Birth :	
Blood Group:	
Aadhaar No :	
Date of Joining :	
Date of Retirement :	
E-Mail ID & Contact Mobile No :	:
Permanent Address :	
Date: Encl: 1. Board Order Xerox Copy. (For Teaching Staff)  2. Regular order or Confirmation order Xerox copy. (For Non- Teaching)	
Signature of the Applicant	Head of the Department Signature with Seal
For office use only	
Membership No :	
Ticket No :	
Date :	University Librarian