Enrollment No.....

# Mangalayatan University
# Central Library

## Student Registration Form

*(All entries to be filled in block letters)*

Paste your recent passport size photograph

Fee Receipt No.: Receipt Date:

Name:

Father's Name:

Date of Birth: Session: 2 0 1 - 2 0 1 Boarder : Yes / No

Institute / Faculty:

Department :

Course of Study: Branch:

Last Course of Study:..... Year of Study:.....

Name of the Institute / College:.....

Permanent Address (Home):.....

.....

Local Address:.....

.....

Phone No.:.....Mobile:.....Email:.....

Signature of HOD / Dean with Office Seal

**Undertaking**

I request you to enroll me as a member of the University Library as student of the Mangalayatan University, Aligarh. I promise to abide by the rules & regulations of Central Library, Mangalayatan University.

Signature of Applicant
*(When received the Reader's Ticket)*

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**For Office Use Only**

Student ID No. : RT No. Issued: Circulation In-charge