

RATAN TATA LIBRARY (DULS), DELHI-110007

Membership form for Research Associates/ Academic Associates

Full Name (in block letters): _____

Department: _____

Year of Enrolment: _____

Name of the Guide: _____

Topic of Research: _____

Present Address: _____

Father's/Guardian's Name and Address: _____

I request that I may be permitted to use the Ratan Tata Library. I promise to obey all its rules which I have read.

Date: _____

Signature: _____

TO THE Dy. LIBRARIAN, RATAN TATA LIBRARY

I, the undersigned, recommend that _____
be allowed to borrow books from the Ratan Tata Library and accept responsibility for the due return of such books as are issued to him/her. The information furnished by him/her has been verified by the office.

Date: _____

Mobile: _____

E-mail: _____

D.O.B: _____

Read Tickets: _____

Issued RTL - Barcoded Photo Membership Identity Card