

RATAN TATA LIBRARY (DULS), DELHI - 110007

Membership Form for Research Associates/Academic Associates

1. Applicant Details:

- **Full Name (in block letters):**
- **Department:**
- **Year of Enrolment:**
- **Name of Research Guide:**
- **Topic of Research:**
- **Present Address:**
- **Father's/Guardian's Name & Address:**
- **Mobile Number:**
- **Email ID:**
- **Date of Birth (D.O.B):**
- **Institutional ID No.:** _____ (Attach a copy)

2. Applicant Declaration:

I request permission to use the Ratan Tata Library and promise to abide by all its rules and regulations. I understand that failure to comply may result in the revocation of my membership.

Date: _____

Signature of Applicant: _____

3. Recommendation by Research Guide:

I, the undersigned, certify that the above applicant is a **Research Associate/Academic Associate** under my supervision and recommend granting **library consultation and borrowing privileges**. I accept responsibility for the due return of books issued to him/her.

Name: _____

Designation: _____

Department: _____

Signature: _____

Date: _____

4. Approval by Head of Department/Director:

I approve the membership request for the above applicant.

Name: _____

Designation: _____

Signature & Official Stamp: _____

Date: _____

5. Library Use Only:

- **Application Verified by:** _____
- **Membership Duration Approved:** _____
- **Membership ID:** _____
- **Borrowing Privileges:** Yes / No
- **Read Tickets Issued:** _____
- **RTL - Barcoded Photo Membership Identity Card Issued:** Yes / No

(Note: This form must be signed and stamped by the Head of the Department or Director before submission.)