

RATAN TATA LIBRARY (DULS), DELHI-110007
Membership Form for Research/Project Assistants

- 1. Full Name (in block letters):
- 2. Department:
- 3. Name of the Supervising Faculty:
- 4. Project Title:
- 5. Project Duration (Start Date - End Date):
- 6. Role in the Project:

Contact Information

- 7. Present Address:
- 8. Mobile Number:
- 9. Email ID:
- 10. Date of Birth (D.O.B):

Declaration

It is to certify that, Research/ Project Asstt. is working under my supervision on the above-mentioned Research Project. He/ She may be allowed to consult the library.

Date:
Signature:

Recommendation by HoD/Director

I, the undersigned, recommend that
(Research/Project Assistant) be allowed consultation membership at the Ratan Tata Library for their project work.

Name of HoD/Director:
Department/Institution:
Signature:
Date:
Official Stamp:

Library Use Only

Application Verified by:
Membership Duration Approved:
Membership ID:
Issued RTL - Barcoded Photo Membership Identity Card

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