



**SAHITYA AKADEMI LIBRARY**  
New Delhi

**Membership Enrolment Form**  
**Student Category (M.A. and M.Phil levels only)**

Name \_\_\_\_\_

Name of Institution \_\_\_\_\_

Course of study and duration \_\_\_\_\_

Local address \_\_\_\_\_

Contact No. \_\_\_\_\_ email : \_\_\_\_\_

Permanent address \_\_\_\_\_

Contact No. \_\_\_\_\_

Please Paste  
Your  
Photograph

*I have gone through the rules and regulations of the library. I agree to abide by them. I shall duly inform the library upon completion of my course of study, re enrolment or discontinuance.*

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**For Use by Head of Department/Principal**

*I recommend \_\_\_\_\_ for the membership of the library.*

*Signature*

*Name & Designation*

*Official Stamp*

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**For Use by the Administrative Department  
of the Concerned Institution**

*Due note has been made of the student's membership of the Sahitya Akademi Library and the conditions of membership*

*Signature*

*Name & Designation*

*Official Stamp*

## For Use by the Sahitya Akedemi Library

Membership ID No. \_\_\_\_\_

Receipt Number, Date and Amount \_\_\_\_\_

### Renewal Record

Year	Receipt Number and Date	Amount/Rs.

Membership cancellation

Reasons