

|                                                                                   |                                                                                                                                                                                                                                                                                                                                           |                                                                         |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
|  | <h1 style="text-align: center;">UNIVERSITY LIBRARY</h1> <p style="text-align: center;">Tamil Nadu Physical Education and Sports University<br/>Melakottaiyur Post, Chennai - 600 127<br/><a href="mailto:librarytnpesu@yahoo.com">librarytnpesu@yahoo.com</a></p> <h2 style="text-align: center;">APPLICATION FOR LIBRARY MEMBERSHIP</h2> | <p style="text-align: center;">Affix Your Stamp<br/>Size Photo Here</p> |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

| Membership Details                                                                                                                                                                                                                |  |      |                                             |                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|---------------------------------------------|-------------------------------------------------|--|
| <b>Membership Category</b>                                                                                                                                                                                                        |  |      |                                             |                                                 |  |
| <input type="checkbox"/> Under Graduate Student                                                                                                                                                                                   |  |      | <input type="checkbox"/> Faculty            |                                                 |  |
| <input type="checkbox"/> Post Graduate Student                                                                                                                                                                                    |  |      | <input type="checkbox"/> Non Teaching Staff |                                                 |  |
| <input type="checkbox"/> Ph.D. Scholar (Full Time/Part Time)                                                                                                                                                                      |  |      | <input type="checkbox"/> Teaching Assistant |                                                 |  |
| Name in Block Letters<br>Name in English                                                                                                                                                                                          |  |      |                                             |                                                 |  |
| Name in Tamil                                                                                                                                                                                                                     |  |      |                                             |                                                 |  |
| Department                                                                                                                                                                                                                        |  |      |                                             |                                                 |  |
| Course of study/<br>Research / Designation                                                                                                                                                                                        |  |      |                                             |                                                 |  |
| Local Address                                                                                                                                                                                                                     |  |      |                                             |                                                 |  |
| Permanent Address<br>Telephone No                                                                                                                                                                                                 |  |      |                                             |                                                 |  |
| Date of Admission<br>/Joining                                                                                                                                                                                                     |  |      |                                             | End of course duration                          |  |
| Date of Birth<br>(DD/MM/YY)                                                                                                                                                                                                       |  |      |                                             | E-mail ID                                       |  |
| Blood Group                                                                                                                                                                                                                       |  | Date |                                             | Signature                                       |  |
| This certifies that the above applicant is a student, research scholar, faculty member, non-teaching staff member, or teaching assistant in this department and is eligible to be enrolled as a member of the University Library. |  |      |                                             |                                                 |  |
| Date                                                                                                                                                                                                                              |  |      |                                             | Signature<br>Head of the Department / Registrar |  |

**For University Library Office Use Only**

|                                               |          |          |                                      |  |
|-----------------------------------------------|----------|----------|--------------------------------------|--|
| <b>Number of Books/ Journals<br/>Eligible</b> | <b>B</b> | <b>J</b> | <b>Member No.</b>                    |  |
|                                               |          |          | <b>Category</b>                      |  |
| <b>Loan Period</b>                            |          |          | <b>Dept. Code</b>                    |  |
| <b>Over Due Fine @</b>                        |          |          | <b>Date of Joining</b>               |  |
| <b>E-Resource Access Login ID</b>             |          |          |                                      |  |
| <b>E-Resource Access Password</b>             |          |          |                                      |  |
|                                               |          |          | <b>Signature of Deputy Librarian</b> |  |

### **Acknowledgement and Undertakings**

1. Received the Library Membership Card.
2. I hereby undertake that
  - A. I will abide by the University Library Rules
  - B. I will not lend the Library Membership Card to any unauthorized user, and I will be responsible for its proper maintenance and use.
  - C. I will return the books owned on Library Membership Card by the due date and if I fail to return / renew the book even after 45 days. I undertake to pay its replacement cost as per the University Library rules.
  - D. I will compensate the University Library for any loss arising from the theft, misplacement, damage and mutilation etc., of the documents borrowed by me.
3. Kindly enroll me as a member in this University Library and issue a Membership card to utilize the Library resources and services.
4. In case of any loss of Library Membership Card, I will inform the University Library about the misplacement or damage and I will pay Rs.50/- as a fine to either receive the duplicate membership card during my course of study or to receive the no-due certificate at the end of my study.

Membership Card Received Date:

Signature of the Member

#### **Membership Transactions**

| <b>Date</b> | <b>UPI<br/>Transaction<br/>Reference<br/>No.</b> | <b>Amount<br/>Paid</b> | <b>Library<br/>Circulation<br/>Desk<br/>Verification</b> | <b>Action<br/>Taken</b> | <b>Initials</b> | <b>Remarks</b> |
|-------------|--------------------------------------------------|------------------------|----------------------------------------------------------|-------------------------|-----------------|----------------|
|             |                                                  |                        |                                                          |                         |                 |                |

Membership Card Surrendered ☐

No Book Due ☐

No Dues Certificate Issued ☐

Membership Closed Date: \_\_\_\_\_

Circulation Desk Staff Signature

**Signature of Deputy Librarian**