



OFFICE OF THE CENTRAL LIBRARY
MAHAPURUSHA SRIMANTA SANKARADEVA VISWAVIDYALAYA, NAGAON

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ENROLMENT FORM FOR EMPLOYEE

To,
The Librarian/Library-in-charge,
Central Library, MSSV, Nagaon

Date:.....

I have joined the MSSV, Nagaon as a

I hereby request to enroll my name in the Central Library, MSSV, Nagaon. I agree to be abided by the rules of the Library. Please find below my particulars:

1. Name in Full : _____
2. Designation : _____
3. Branch/Department : _____
4. Date of Joining : _____

Date: _____

Signature

Certified that _____, employee of this University and I recommend him/her for enrollment in the Central Library, MSSV.

Registrar

Date: _____

Admitted/Not Admitted

Asstt. Librarian & i/c

Date: _____