



Paste one
Passport Size
Photo

OFFICE OF THE CENTRAL LIBRARY
MAHAPURUSHA SRIMANTA SANKARADEVA VISWAVIDYALAYA, NAGAON

ENROLMENT FORM FOR TEACHERS/RESEARCH SCHOLARS

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

I have joined the Department _____, as
a _____ and I need the Library facilities. Please enroll me in
the Library.

I agree to be abided by the rules of the Library.

Signature : _____

Full Name : _____

Permanent
Address : _____

Present
Address : _____

E-mail ID:.....

Phone No. /Mobile No. :

Recommended/Introduced by
Head/ Head i/c of the Department

Admitted/Not Admitted

Asstt. Librarian/Library-in-charge
Central Library, MSSV, Nagaon