



BRAILLE LIBRARY
DELHI UNIVERSITY LIBRARY SYSTEM
UNIVERSITY OF DELHI, DELHI-110007
Ph.: 27667848. Fax: 27666404. e-mail: braillelibrarydu@gmail.com

Paste Photo
and attach one
more photo for
ID Card

Membership Application Form

User's Category : ☐ Student ☐ Teacher ☐ Renewal

Name (In Capital Letters) _____

Father's Name _____

Roll No. _____ Contact No. _____

Local Address _____

Permanent Address _____

E Mail Address _____

Course _____

Department/College _____

Disability _____ Percentage _____ (Attach a copy of disability certificate)

Undertaking

The Braille Library policy and user's guidelines on online access of books and other reading materials in accessible formats have been read for me. I hereby undertake that I will abide by all these rules and guidelines. I will use my ID & Password to access materials only for my personal and educational use.

Signature/Left thumb impression
Student/Teacher

Recommendation

Recommended that the above applicant is a bonafide visually impaired student of College/University department. He/She may be enrolled as a member of Braille Library. I accept responsibility for due return of books, reading materials and study aids issued to him/her. One copy of this form has been retained by the College Librarian/University Office for future reference.

Signature
Recommending Authority with Seal

Signature
College Librarian / Dealing Assistant
University Department Office

Instructions

1. This form is to be obtained from the applicant in duplicate by the College Librarian or the University Department office.
2. It is to be recommended by the Principal of the college or the Head of the Department.
3. One copy of this form is to be kept by the college library or the university department office for future references and other sent to Braille Library through the department or individually.
4. The study aids are issued to applicant through the college library/university department office also.
5. Attach copy of disability certificate, ID Card of Univ./College and two photographs (one with form and one for ID Card)
6. Renew the membership every academic session/year.

For Office Use Only

The following
User ID.....
Password.....
has been issued.

Dealing Assistant
Braille Library

SRI AUROBINDO COLLEGE
(UNIVERSITY OF DELHI)
MALVIYA NAGAR, NEW DELHI-110017

ID CARD PERFORMA

DATE:...../...../.....

NAME:-

COLLEGE ROLL NO.:-.....

COURSE:-

D.O.B:-

FATHER NAME:-.....

PHONE NO.:-

ADDRESS:-

.....

EMAIL ID:-

REASON:-

