

INDIAN INSTITUTE OF TECHNOLOGY KANPUR

P. K. KELKAR LIBRARY

FORM FOR AVAILING LIBRARY FACILITY

Date:

Prof-In-Charge
P. K. Kelkar Library
I.I.T. Kanpur

I, the undersigned, wish to avail of the library facilities and borrow books for home reading. I agree to abide by the rules and regulations of the library.

* Earlier I enjoyed IITK Library facilities as _____ with

P.F. No. / Roll No. _____ Dept. of _____

Yours faithfully,

Local Address : _____

Permanent Address: _____

Recommended

Signature:

Name:

Designation:

P. F. No.

Deptt.

Phone No.

E-mail:@iitk.ac.in

Pingala ID:.....

Sign. and seal of the Project Investigator / Head of Deptt.

Permission may be granted

Librarian / Dy. Librarian/Assistant Librarian (Circ.)

Membership added

(Circulation Assistant)

*Strike off, if not applicable.

#Compulsory.

No Dues Certificate issued

Vide Letter no. on

(Circulation Assistant)