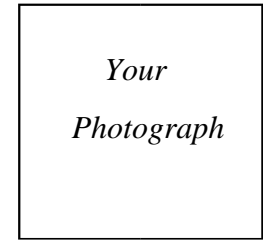


**UNIVERSITY OF PETROLEUM & ENERGY STUDIES  
DEHRADUN  
(LIBRARY MEMEBRSHIP FORM FOR FACULTY/STAFF)**



The Librarian  
University of Petroleum & Energy Studies DEHRADUN

This is to request you to kindly enroll me as a Member of Library at UPES, Dehradun. My personal particulars are given below:

<b>SAP ID</b>	
<b>Name (in Block Letters)</b>	
<b>Name of the School</b>	
<b>Name of the Department</b>	
<b>Designation</b>	
<b>Date of Joining</b>	
<b>Permanent Address</b>	
<b>Mobile No.</b>	
<b>Email ID</b>	
<b>Alternate E -mail ID</b>	

I hereby agree to the following:

- a. I promise to abide by all Library Rules, which may be made applicable from time-to-time.
- b. I would be liable to pay any dues, in respect of damage/non return of Library books and fine payable for non- compliance of Library Rules and Regulations.

Signature of Applicant:.....

Signature of Librarian:.....

Date:.....