

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

The Librarian
University of Petroleum & Energy Studies
DEHRADUN

*Your
Photograph*

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

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

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:.....