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MAJULI UNIVERSITY OF CULTURE
GARAMUR, MAJULI

ENROLMENT FORM FOR FACULTY MEMBERS

To,
The Assistant Librarian,
Central Library, MUC, Majuli

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Sir,

I have joined in the Department, as
Assistant Professor/Associate Professor/Professor (Please ✓ in the appropriate designation) and I wish to avail
the library facilities. Please admit me in the Library.

I agree to abide by the rules of the Library.

Signature :

Full Name (In Block Letters) :

Father's Name :

Date of Birth : Gender:

Date of Joining :

Permanent Address : H. No.:, Ward No.:

Road:

Vill./Town:

P.O.: P.S.: PIN:

District:, State:

Local Address : H. No.:, Ward No.:

Road:

Vill./Town:

P.O.: P.S.: PIN:

District:, State:

E-mail ID (Write legibly) :

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Recommended / Introduced by

Admitted / Not Admitted

(Sign & Seal)
Head of the Department

Assistant Librarian
Majuli University of Culture

Documents to be enclosed with the Application Form:

1. Copy of Appointment Letter / Joining Report / Employee ID Card