



OFFICE OF THE CENTRAL LIBRARY
মাজুলী সাংস্কৃতিক বিশ্ববিদ্যালয়
MAJULI UNIVERSITY OF CULTURE
GARAMUR, MAJULI

ENROLMENT FORM FOR FACULTY MEMBERS

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

Please paste
recent passport
size photograph

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) :

Phone No. /Mobile No. :

Recommended/Introduced by
Head of the Department

Admitted/Not Admitted

Assistant Librarian
MUC, Majuli

Documents to be enclosed with the Application Form:

1. Copy of Appointment Letter