



BRaille LIBRARY
 DELHI UNIVERSITY LIBRARY SYSTEM UNIVERSITY OF
 DELHI, DELHI-110007
 Ph.: 27667848, Fax: 27666404, e-mail: braillelibrarydu@gmail.com

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Size Photo

Membership Application Form

New Membership Renewal of Membership

User's Type: Student Teacher

Name (In Capital Letters) _____

Father's Name _____

Course _____ Semester _____

Roll No. _____

Department / College _____

Local Address _____

Permanent Address _____

Contact No. _____

E-Mail Address _____

Disability Type _____ Percentage _____ (Attach a copy of disability certificate)

Undertaking

The Braille Library policy and user's guidelines on online access of books and other reading materials in accessible formats have been read for me. I hereby undertake that I will abide by all these rules and guidelines. I will use my ID & Password to access materials only for my personal and educational use.

Signature/Left thumb impression Student/Teacher

Recommendation

Recommended that the above applicant is a bonafide visually impaired student of College/University department. He/She may be enrolled as a member of Braille Library. I accept responsibility for due return of books, reading materials and study aids issued to him/her. One copy of this form has been retained by the College Librarian/University Office for future reference.

Signature
Recommending Authority with Seal

Signature
College Librarian / Dealing Assistant
University Department Office

Instructions

1. It is to be recommended by the Principal of the college or the Head of the Department.
2. The duly filled and verified original form with necessary documents to be submitted in the Braille Library.
3. The PDF of the duly filled and verified original form with necessary documents may be mailed to the Braille Library at braillelibrarydu@gmail.com. Hard copy be submitted later.
4. One copy of this form is to be kept by the college library or the university department office for future references.
5. Attach copy of disability certificate, ID Card of Univ./College and two photographs (one with form and one for ID Card)
6. Renew the membership in the beginning of every academic session/year.

For Office Use Only

The following
User ID.....
Password.....
has been issued.

Dealing
Assistant
Braille Library