

**Membership Form for Affiliated College Teacher**  
**BARR. BALASAHEB KHARDEKAR LIBRARY,**  
**SHIVAJI UNIVERSITY, KOLHAPUR**

**Ref : SU/BBKL/CS**

**To,**

\_\_\_\_\_  
\_\_\_\_\_

**Sub. : Library Facilities**

**Ref.: Your application dated.**

**Dear,**

With reference to your cited application you are requested to deposit Rs. \_\_\_\_\_ as Library deposit in the Accounts Section of the University.

Kindly note that Textbooks, Reference books, Thesis and Journals are not issued out for home reading.

The books issued to you may please be returned within One month.

It is for your kind information please.

Thanking you.

Yours faithfully,

I/c University Librarian

Copy to Accounts Section for information and necessary action.

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Date :