

JAGAT GURU NANAK DEV
PUNJAB STATE OPEN UNIVERSITY, PATIALA

Guru Tegh Bahadur Library

Membership Form

Full Name :.....

Date of Birth :..... **Gender** :.....

Date of Joining :.....

Department Name :.....

Institute Name :.....

Permanent Address :.....

City :..... **District** :.....

Pin Code :.....

Mobile No. :..... **Email** :.....

Date :.....

Signature: :.....

Authority Signature

Library Stamp