



Photo
(Stamp
Size)

B-Mail

APPLICATION FOR CONSULTATION FACILITIES

FOR COLLEGE TEACHER/EX-STUDENTS/OUTSIDE SCHOLARS/NET & COMPETITIVE EXAM. CANDIDATE

Sign Here

1. NAME
(IN BLOCK LETTERS)

2. POSTAL ADDRESS
.....
PIN. TELEPHONE

3. PARTICULARS OF THE INSTITUTION WHERE WORKING
(A) NAME OF THE INSTITUTION
(B) DEPARTMENT/SECTION/DIVISION ETC.

4. IN CASE OF STUDENT
(A) NAME OF THE INSTITUTION
(B) NAME OF THE COURSE

5. PURPOSE (IN DETAIL)
.....

6. DURATION : FROM/...../20..... TO/...../20.....

**7. INTRODUCTION/RECOMMENDATION FROM THE INSTITUTION
STATED AT 3 & 4**

(A) NAME

(B) DESIGNATION

(C) SIGNATURE WITH SEAL

TO
THE UNIVERSITY LIBRARIAN,

Sir,

I beg to apply for permission to get the consultation facilities of the Central Library, CALCUTTA UNIVERSITY.

I undertake to abide by the rules and regulations of the Library.

Yours faithfully,

Date

(Signature of the Candidate)

FROM : UNIVERSITY LIBRARIAN

*Consultation facilities from/...../20..... to/...../20.....
granted, please issue consultation slip/card.*

UNIVERSITY LIBRARIAN

Consultation slip/card no. issued

Date

INCHARGE