



SWAMI RAMANAND TEERTH MARATHWADA UNIVERSITY NANDED
Dnyanteerth, Vishnupuri, Nanded – 431606

CASUAL READERS FORM

Date:/...../201

To,
The Director,
Knowledge Resource center
Swami Ramanand Teerth
Marathwada University,
Vishnupuri,
Nanded – 431606

Subject: To avail facility of Knowledge Resource center.

Respected Sir,

With reference to above subject, I request you to permit me for referring , documents available in the Knowledge Resource center for my study/research, from/.....201 to /..... /201 (..... days). I will abide by the rules and discipline of Knowledge Resource Center.

I am ready to pay the required fee for casual member as per rule.

Yours faithfully,

Signature :
Name :
Designation/ Subject:
Phone : Mobile
Address :
.....
.....

For Office use only

Shri/Shrimati/Dr. is hereby permitted to avail library facility from/...../201 to/.....201 (fordays). Accept Rupees as casual membership fee.

DIRECTOR