



LIBRARY SERVICES

AUTHORIZATION FORM

PART I: DETAILS OF STAFF

NAME OF STAFF.....DESIGNATION.....

DEPARTMENT.....SCH/DIV.....

P.F. No. CELL NO.....EMAIL.....

PART II: DETAILS OF DEPENDENTS

NO.	NAME	RELATIONSHIP	DATE
1			
2			
3			
4			

Staff Signature.....

Date.....

FOR OFFICIAL USE

PART III: VERIFICATION

REMARKS.....

Name:.....Signature.....Date.....

Instruction, Information and Public Services Librarian

APPROVAL/NON APPROVAL REMARKS

.....

Signature.....

Date.....

University Librarian