

Sant Gadge Baba Amravati University, Amravati

Prescribed Application Form for Institutional Membership of Knowledge Resource Center

To

The Director
Knowledge Resource Centre
Sant Gadge Baba Amravati University
Amravati (MS) – 444 602

Subject : Application for the Institutional Membership of **Knowledge Resource Center of Sant Gadge Baba Amravati University.**

Sir,

Please enroll our College/Departments as Institutional Member of the **Knowledge Resource Center of Sant Gadge Baba Amravati University.** We accept the rules and regulations of the Knowledge Resource Centre. The name of Departments for which the Institutional Membership is required, is given below.

Enclosed please find the payment by Demand Draft No. _____ dated _____ for Rs. _____ in favour of the **Registrar, Sant Gadge Baba Amravati University, Amravati,** payable at Amravati drawn towards Annual Institutional Membership fee for the year _____.

We would also like to become the Institutional Member through this application and membership fee to avail/access e-resources. Hence it is requested to provide login/password after granting the membership.

Details of the College are given below.

Name of the College : _____

Address : _____

Contact No. : _____ E-Mail : _____

Category of Institutional Membership : (Please tick mark before the appropriate category)

1. Technical institute (Engineering Colleges) having only UG Courses
2. Technical institute (Engineering Colleges) having UG as well as PG Courses
3. Other institute (Science, Arts, Commerce, etc.) having only UG Courses
4. Other institute (Science, Arts, Commerce, etc.) having UG as well as PG Courses

List of the Departments interested to become Institutional Member :

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |
| 15. _____ | |

Thanking you.

Yours

(Signature and stamp of the Principal)