



# VIJAYANAGARA SRI KRISHNADEVARAYA UNIVERSITY

Jnanasagara campus, Vinayakanagara, Cantonment, Bellary.-583104

Web: www.vskub.ac.in, Phone : 08392-242703 and Fax: 08392-242806

## Annex II

### **MEMBERSHIP FORM FOR STAFFS**

1. **Name (in Block Letters)** : \_\_\_\_\_
2. **Employee Code** : \_\_\_\_\_
3. **Date of Birth** : \_\_\_\_\_
4. **Father's Name** : \_\_\_\_\_
5. **Date of Joining** : \_\_\_\_\_
6. **Blood Group** : \_\_\_\_\_
7. **Designation** : \_\_\_\_\_
8. **Nature of Employment:**

Regular	Adhoc	Contract Valid upto
9. **Residential Address** : \_\_\_\_\_
10. **Phone: Office** \_\_\_\_\_ **Residence** \_\_\_\_\_ **Mobile** \_\_\_\_\_
11. **E-Mail:** \_\_\_\_\_

I have read the VSKUB rules and agree to abide by them and shall obtain 'Clearance Certificate' from VSKUB at the time of transfer/ leaving the University.

**Date:** \_\_\_\_\_

**Signature of the Applicant**

### **Recommendation of the Head of the Department**

He/She may be enrolled as a member as VSKUB services would benefit in the discharge of his/her duties.

**Date:** \_\_\_\_\_

**Signature with Stamp Dean / Registrar**

### **For VSKUB Use**

Mr./Ms. \_\_\_\_\_ has been enrolled as member of the VSKUB. His/her membership **BARCODE** is \_\_\_\_\_.

**Librarian**

Entered in Membership databases, valid up to \_\_\_\_\_

**Officer Circulation**