



VIJAYANAGARA SRI KRISHNADEVARAYA UNIVERSITY

Jnanasagara campus, Vinayakanagara, Cantonment, Bellary.-583104

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

Annex I

MEMBERSHIP FORM FOR STUDENTS

1. **Name (in Block Letters)** : _____
2. **Fathers Name** : _____
3. **Date of Birth** : _____
4. **Blood Group** : _____
5. **Enrollment No.** : _____
6. **Course** : _____
7. **Date of Admission** : _____
8. **Duration of Course** : _____
9. **Correspondence Add.** : _____
10. **Permanent Address** : _____
11. **Phone No.** : _____
12. **Email** : _____

UNDERTAKING

I have read the VSKUB rules and agree to abide by them and also agree with records maintained by the VSKUB, in respect of issue and return of documents and others related matters.

I undertake the following:

1. To pay and dues when demanded by the VSKUB as per its rules.
2. That after writing examination of final semester, I will return all the books to VSKUB otherwise university reserve the right to with held my result.
3. To obtain "No dues/Clearance Certificate" from VSKUB at the time of leaving the university.

Date

Signature of Applicant

For VSKUB Use

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

Librarian

Note: All Columns are compulsory, attach a passport size photograph.