

CENTRE FOR INFORMATION RESOURCE MANAGEMENT

UNIVERSITY OF KALYANI
KALYANI, NADIA

Application Form for Membership Extension (To be filled in by the Applicant)

1. Name of the Applicant :
2. Name of the Department.....
3. Status : Prof/Reader/Lecturer/Research Scholar/M.Phill/PG Student (Prev/Final)
4. Software Package/Compiler to be used ;
5. Address :
Residence.....
.....Tel No :
- E-Mail Address :Mobile No :
6. Present Membership No :
7. Membership may be Extended Up to :

Signature of the Applicant

Certified that the above information is correct to the best of my knowledge,

Signature of University
Head of the Department
with seal.

The maximum validity period for a user is one academic session, which can be extended.

FOR OFFICE USE

Membership Extended Up to.....Date :

Signature Of Applicant.....Date.....