



MAITREYI COLLEGE LIBRARY
(UNIVERSITY OF DELHI)
NEW DELHI-110021

Date:

FORM FOR LIBRARY CONSULTATION (By non-bonafied members)

To
The Librarian
Maitreyi College
Chanakyapuri
New Delhi-110021

Subject: CONSULTATION OF LIBRARY

Respected Sir,

I am not the member of your library and I want to consult some of the books on the Topic/Purpose “_____”
_____”. I shall be obliged if you allow me to consult the library resources for a period of
_____ to _____ 20___. I will be very grateful to you.

Kindly allow me.

Thanking You

Yours Faithfully

(Signature)

Name: _____

Designation: _____

Department/Course: _____

Address _____

Dealing Asstt.

FOR LIBRARY USE

He/She may be permitted for a period of _____ for consultation of library resources on production of proper ID.

Dealing Asstt.

Allowed

Librarian