UNIVERSITY LIBRARY
SRM UNIVERSITY

MERIT CARD APPLICATION FORM

Date :

From

The HOD

Department of _____

Faculty of _____

SRM University, Kattankulathur – 603 203

To

The University Librarian

SRM University, Kattankulathur – 603 203.

Branch : _____ Year : _____

Sl.#	Member ID (Found in the ID Card)	Name of the Student	CGPA	Signature of Student

It is certified that the above _____ number of Student(s) are having **8.5** **and above CGPA** and eligible for Library Merit Membership. (*Note: Photo copies of Mark sheet should be attached for each Student)*

Class In-charge (**HOD/Dept. Seal)** **HOD** **Librarian**