



सत्यवती महाविद्यालय  
Satyawati College  
(दिल्ली विश्वविद्यालय)  
(University of Delhi)



अशोक विहार, फेज - III, दिल्ली - 110052 | Ashok Vihar, Phase - III, Delhi - 110052

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**NAAC ACCREDITED 'A+' GRADE**

NOTICE

All the Visually Impaired students who want to obtain the membership of Braille Library to get benefitted with study material in accessible format. Kindly fill the membership form.

The membership form is available on the website i.e. [bl.du.ac.in](http://bl.du.ac.in) and a copy is also attached herewith.

Prof. Subhash Kumar Singh

Principal



**BRaille LIBRARY**  
**DELHI UNIVERSITY LIBRARY SYSTEM**  
**UNIVERSITY OF DELHI, DELHI-110007**  
 Ph.: 27667848. Fax: 27666404. e-mail: braillelibrarvdu@gmail.com

Paste Photo  
and attach one  
more photo for  
ID Card

**Membership Application Form**

User's Category :     Student         Teacher         Renewal

Name (In Capital Letters) \_\_\_\_\_

Father's Name \_\_\_\_\_

Roll No. \_\_\_\_\_ Contact No. \_\_\_\_\_

Local Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

E Mail Address \_\_\_\_\_

Course \_\_\_\_\_

Department/College \_\_\_\_\_

Disability \_\_\_\_\_ Percentage \_\_\_\_\_ (Attach a copy of disability certificate)

**Undertaking**

The Braille Library policy and user's guidelines on online access of books and other reading materials in accessible formats have been read for me. I hereby undertake that I will abide by all these rules and guidelines. I will use my ID & Password to access materials only for my personal and educational use.

Signature/Left thumb impression  
Student/Teacher

**Recommendation**

Recommended that the above applicant is a bonafide visually impaired student of College/University department. He/She may be enrolled as a member of Braille Library. I accept responsibility for due return of books, reading materials and study aids issued to him/her. One copy of this form has been retained by the College Librarian/University Office for future reference.

Signature  
College Librarian / Dealing Assistant  
University Department Office

Signature  
Recommending Authority with Seal

<p align="center"><b>Instructions</b></p> <ol style="list-style-type: none"> <li>1. This form is to be obtained from the applicant in duplicate by the College Librarian or the University Department office.</li> <li>2. It is to be recommended by the Principal of the college or the Head of the Department.</li> <li>3. One copy of this form is to be kept by the college library or the university department office for future references and other sent to Braille Library through the department or individually.</li> <li>4. The study aids are issued to applicant through the college library/university department office also.</li> <li>5. Attach copy of disability certificate, ID Card of Univ./College and two photographs (one with form and one for ID Card)</li> <li>6. Renew the membership every academic session/year.</li> </ol>	<p align="center"><b>For Office Use Only</b></p> <p>The following User ID.....</p> <p>Password..... has been issued.</p> <p align="right">Dealing Assistant Braille Library</p>
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