



**Rashtriya Ayurveda Vidyapeeth
(National Academy of Ayurveda)**

*An autonomous organization under Ministry of Ayush
Dhanwantari Bhawan, Punjabi Bagh (West)
New Delhi 110026*

RAV Library Membership Application Form

Member Details

Full Name	_____
Designation	_____
Gender (M/F/Other)	_____
Address	_____
Contact Number	_____
Email	_____
ID Proof (Type & Number)	_____
Institution	_____

Declaration

I hereby declare that the information provided above is true to the best of my knowledge. I agree to abide by the library rules and regulations and will be responsible for all books issued on my account.

Applicant's Signature: _____

Date: _____

For Office Use Only

Membership ID	_____
Date of Registration	_____
Staff Signature	_____