

**DEPARTMENT OF COMMERCE
DELHI SCHOOL OF ECONOMICS
UNIVERSITY OF DELHI
DELHI-110007**

Date: 28.01.2022

NOTICE

All concerned students of the Department of Commerce are informed that the Braille Library, a special unit of Central Library, University of Delhi is dedicatedly working to provide the study material (Only Syllabus Books) to the Visually Challenged students of University of Delhi as under:

- In Audio, E-Text Form and also in Braille Script as per the demand of the students.

This is to request every visually impaired student of the Department should take or avail the membership of our Braille Library. The membership form is available on the website i.e. bl.du.ac.in. We are also attaching the copy of membership form for your acknowledgment.

You can send the duly filled form at our email i.e. braillelibrarydu@gmail.com .

Sd/-

Head of the Department



BRaille LIBRARY
DELHI UNIVERSITY LIBRARY SYSTEM
UNIVERSITY OF DELHI, DELHI-1 10007
 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 from has been retained by the College Librarian/University Office for future reference.

Signature
Recommending Authority with Seal

Signature
College Librarian / Dealing Assistant
University Department Office

<p align="center">Instructions</p> <ol style="list-style-type: none"> 1. This form is to be obtained from the applicant in duplicate by the College Librarian or the University Department office. 2. It is to be recommended by the Principal of the college or the Head of the Department. 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. 4. The study aids are issued to applicant through the college library/university department office also. 5. Attach copy of disability certificate, ID Card of Univ./College and two photographs (one with form and one for ID Card) 6. Renew the membership every academic session/year. 	<p align="center">For Office Use Only</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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