Jayakar Knowledge Resource Centre
(formerly Jayakar Library) College Librarians’ Meet

Jayakar Knowledge Resource Centre, Savitribai Phule Pune University, is pleased to organize one day meet of College Librarians. This meet is intended to have harmony, cooperation and mutual understanding between Jayakar Knowledge Resource Centre (i.e. University Library) and College Libraries of Savitribai Phule Pune University. Libraries and Librarianship are marching through time bound changes and challenges. To keep pace with time, tools and techniques; healthy symbiotic relations are to be maintained among all professionals. This type of Meet is the first step to achieve our goal.

Your participation will be highly appreciated to enhance this healthy relationship. The participation will be restricted up to 125 participants on first come first serve basis. You are requested to fill the enclosed form and forward it through proper channel to the Director, Jayakar Knowledge Resource Centre, Savitribai Phule Pune University, Pune on or before 31st Dec. 2019.

Please note:
Venue:-
Jayakar Knowledge Resource Centre,
Savitribai Phule Pune University, Pune 411007

Timing and Dates:-

<table>
<thead>
<tr>
<th>Date</th>
<th>Participants</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 January 2020</td>
<td>College Librarians from Pune city &amp; District</td>
<td>10.15 am to 5.15pm</td>
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<tr>
<td>8 January 2020</td>
<td>College Librarians from Nashik District</td>
<td>10.15 am to 5.15pm</td>
</tr>
<tr>
<td>9 January 2020</td>
<td>College Librarians from Ahmednagar District</td>
<td>10.15 am to 5.15pm</td>
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Director
Jayakar Knowledge Resource Centre
College Librarians’ Meet

Registration Form

Name: .................................................................................................................................

Designation: ................................................................................................................................

Institution: ....................................................................................................................................

Address for correspondence: ......................................................................................................

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Phone: ...........................................................................................................................................

Email: ...............................................................................................................................................

Signature of Participant

Forwarded Through Principal

Date: ..............................................................................................................................................

Signature of principal
With Stamp