

Application Form of Library Membership for Student

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For Library use only – Library Member ID :

Please Fill in Capital Letters only.

	First Name	Middle Name	Sur Name
Full Name of the Student (According to your marks card)	:		
Course	:	Under Graduate (UG) <input type="checkbox"/>	Post Graduate (PG) <input type="checkbox"/>
Department	:		
Validity	:		
Date of Birth	:		Blood Group :
Email ID	:		
Mobile or Phone No.	:		
Residence Mobile or Phone No.	:		
Present Address	:		
Permanent Address	:		

Signature of the Student with in the Box

Date:

Signature of the HOD

LIBRARIAN