

Library membership form for students

Date: _____

Roll No.: _____ **Batch:** _____

Program: _____

Paste Your
Recent Photo

NAME (Block Letters) _____

Present Address: _____

_____ **State:** _____ **Pin Code:** _____

Permanent Address: _____

_____ **State:** _____ **Pin Code:** _____

E-mail ID: _____

Mobile No.: _____

Membership Validity: From: _____ to _____

Declaration:

I accept that any borrowed Books, Journals/Magazines, etc. will be returned or reissued on or before the due date.

I have read all the rules and regulations of the library. I will strictly follow all the rules of the library.

Applicant Signature

Librarian Signature

I recommended Mr./Ms. _____ may be given
Library Membership.

Date: _____

Director's Signature _____