

APPLICATION FORM FOR LIBRARY MEMBERSHIP

PLEASE FILL IN CAPITAL LETTERS

NAME: _____

ROLL NO. _____ COURSE: _____

PERMANENT ADDRESS:
(Parental) _____

PERMANENT TEL. WITH STD CODE _____
RESIDENCE MOBILE NUMBER _____

CURRENT ADDRESS: _____

CURRENT RES TEL NUMBER _____
PERSONAL MOBILE NUMBER _____

MEMBERSHIP ENROLLED: _____ MEMBERSHIP NO.: _____
RENEWED ON: _____ DATE: _____

UNDERTAKING

I hereby declare that above information is true to best of my knowledge and I shall solely responsible for safeguard of the books and other material ticket issued to me. I fully understand that this membership is Non-transferable and any loss occurred to library from misuse of it will be borne by me.

SIGNATURE OF THE STUDENT

For Office Use Only

I certify that above information is true as per the admission records of the student and he/she is a bonafide student of the institute.

I certify that the student has paid the requisite fee and the security amount to the Accounts Department vide Receipt No. _____ Dated: _____ .

Program Director
Seal & Signature

Accounts Officer
Seal & Signature