



Central Library

Library Membership Form for Students

recent
photograph

(To be filled in capital letters)

(Session: 20..... To 20.....)

Full Name: _____ Roll No.: _____

Course: _____ Branch: _____

Date of Birth _____ (Male/Female): _____

Father's [Guardian's] Name: _____

Permanent address: _____

_____ PIN: _____

Phone/Mobile No (Father's/Mother's/Guardian's) _____

Phone (Res.) _____ (Mobile) _____

E-mail ID (SSCET): _____ (Other): _____

I agree to abide by the rules and regulations of the Central Library.

Date: _____ (Signature of the Applicant)

HOD

Principal

For Library use only:

Form submitted in the Library on: _____

Member ID in AUTOLIB:

Librarian

No Dues Certificate issued on (Date with Signature):