



L/P/11/01

Title : LIBRARY MEMBERSHIP FORM FOR STUDENT

DATE –

To,
The Librarian
SGU, Atigre.

Respected Sir,

I wish to avail of the library facility, I kindly request you to permit me to use library facility. I shall abide by the rules of the library. My particulars are as follows.

Full Name (Surname First) : _____
(In Block Letters)

Date of Birth : _____ Blood Group _____

Year : _____

Branch : _____

Division : _____

College fee receipt no. & date : _____

Permanent Address : _____

_____ Pin code _____

Phone No./Contact No. : _____ Parents _____

Email ID : _____

Local address : _____

Yours faithfully,

(Signature of Student)

Membership sanctioned: - Yes / No

Librarian