

LIBRARY
AMBEDKAR COLLEGE WANDOOR



REGISTRATION FORM

For Office Use Only

ID No. Category: Expiry Date:

(Fill in the form carefully)

Name : _____

Designation : _____

Class/Department : _____

Date of Birth : _____

Address for Communication : _____

Pin : _____

Phone : STD Code: _____ Number: _____

Mobile : _____

Email : _____

Blood Group : _____

Declaration

I do hereby declare that the information given above are true to the best of my knowledge and belief. I shall abide by all rules and regulations of the college library. I request you to grant me a membership.

Place:

Date:

Signature of the Applicant

For Office Use Only

Librarian:

Recommendations

Orders

NOC

PRINCIPAL