

LIBRARY
AMBEDKAR COLLEGE WANDOOR

Photo

REGISTRATION FORM

Name : _____

Class/Department : _____

Date of Birth : _____

Address : _____

Pin : _____

Phone :STDCode: _____ Number: _____

Mobile : _____

Email : _____

Blood Group : _____

Declaration

I do here by 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

IDNo.

Librarian

Receipt of Tickets:

Recieved
Duplicatecard:

Withdrawal of Membership

Surrendered Cards
Clearing Certificate