CENTRAL LIBRARY AND INFORMATION CENTRE

KANDI RAJ COLLEGE

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LIBRARY MEMBERSHIP FORM-C

B.A / B.Sc. [Please (√) tick], **Honours / General** [Please (√) tick], **1st Year/2nd Year/3rd Year** [Please (√) tick]

SEM-I ☐   SEM-II ☐   SEM-III ☐   SEM-IV ☐   SEM-V ☐   SEM-VI ☐ [Please (√) tick]

Male / Female [Please (√) tick]

1. **Name (BLOCK LETTERS):**_____

2. **Guardian's Name:**_____

3. **Student ID No.:** _____

4. **Subject Combination:**_____

5. **Caste: GEN /SC /ST /OBC / PH / MINORITY [Please (√) tick]**

6. **Date of Birth:** _____/_____/_____

7. **Contact Number:**_____

8. **Email.Id.:**_____

9. **Mailing Address:**_____

_____

_____ **Pin**_____

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>
> Signature:

DECLARATION: I, THE UNDERSIGNED WOULD LIKE TO APPLY FOR LIBRARY MEMBERSHIP. I SHALL ABIDE BY THE COPYRIGHT ACT 1986 & AMENDMENTS CONCERNING IT. I WILL INFORM REGARDING ANY CHANGE IN MY CONTACT IF DONE. I AGREE TO OBSERVE THE LIBRARY RULES & REGULATIONS.

Dated:_____   **Signature of Student** _____