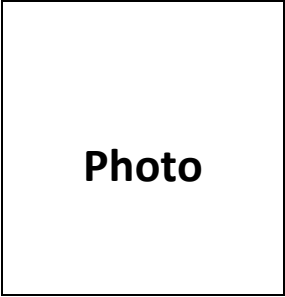


Alandi (D), Pune 412 105  
Department of Library

Academic Year: 2018 – 2019

**STUDENT LIBRARY MEMBERSHIP FORM**



To,  
The Librarian,  
MIT Art's Commerce and Science College,  
Alandi (D).  
Pune – 412 105.

<b>Membership No:</b>
<b>Branch: (√) Mark your Branch</b>
BA / B.com / B.Sc (CS) / B.Sc(Plain) / BBA /
BBA(IB) / BBA (CA) / M.Sc (CS)

Respected sir,

I wish to avail library facility, therefore kindly requesting you to register me as a member of library. I shall abide by the rules and regulations of the library. My Particulars are as follow.

**PLEASE FILL THE FORM IN BLOCK LETTERS**

Full Name (Surname First) : \_\_\_\_\_

Email ID : \_\_\_\_\_

Local Address : \_\_\_\_\_

Students Phone Number : 

--	--	--	--	--	--	--	--	--	--

Permanent Address : \_\_\_\_\_

Parents phone Number : 

--	--	--	--	--	--	--	--	--	--

Birth Date : 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Class : 

FY/	SY/	TY
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 Branch: 

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 Division: 

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Cast & Category : \_\_\_\_\_ Blood Group: \_\_\_\_\_ Sex: 

M
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F
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Serial No.(Fee Receipt) : 1. \_\_\_\_\_ 2. \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

Fee Receipt Date: \_\_\_\_\_/\_\_\_\_\_/2018

☛ **Note:** Admission Fee receipt is compulsory present on circulation counter when submitting Library membership form.

Date: \_\_\_\_\_/\_\_\_\_\_/2018

(Signature of Applicant)

Librarian