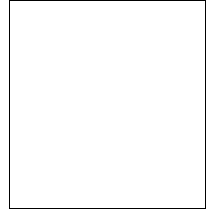


BIJNI COLLEGE LIBRARY

BIJNI COLLEGE, CHIRANG (B.T.A.D.), ASSAM, 783390

Application Form for Library Membership (Student)



To,
The Librarian
Bijni College, Library

Sir,

I wish to enrol as a member of the Bijni College Library, Bijni College, Bijni. I have read the rules and regulations of the Library and will abide by the same.

Personal Details:

Full Name (In capital letters):																				
Roll Number														Date of Birth (DD-MM-YY)						
Honours/ General (if Honours mention subject name)																				

Course			
Admission Date			
	Day	Month	Year

Class			
Admission date in Library			
	Day	Month	Year

Present Address & Guardian Name			
Permanent Address & Guardian Name			

Contact No (Student):	
Contact No (Guardian):	

Email ID:	
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I hereby declare that the information given above is true to the best of my knowledge. I am liable for legal action if any of the information given above is found wrong.

Date: _____

Signature of the Candidate

.....
For Office Use Only

Membership Granted: Yes No

Card Number:	
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Approved by,
Librarian
Bijni College, Bijni