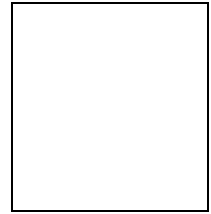


**BIJNI COLLEGE LIBRARY**

*BIJNI COLLEGE, CHIRANG (B.T.R.), 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)						
Major/ Minor-II (if Major 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

\*Please Attached a Xerox copy of Admission Receipts/ College ID Card must be\*