

WOMEN'S COLLEGE, TINSUKIA, ASSAM

LIBRARY MEMBERSHIP FORM

To,
The Librarian,
Women's College, Tinsukia

Date: _____

Sir/Madam,

Kindly enroll me as a member of your Library. I mention below all my relevant particulars. I promise to abide by all Library rules applicable from time to time. I would be liable to pay any dues which I may owe due to my negligence or infringement of Library rules.

1. Name (In Block Letters) _____

2. Date of Birth _____

3. Class _____ Sec. _____ Roll No. _____

4. Major Subject _____

5. Present Local Address :

Father/Guardian Name _____

P. O. _____

PIN _____

Dist. _____

6. Permanent Address :

Father/Guardian Name _____

P. O. _____

PIN _____

Dist. _____

Phone No. _____

Signature of the Applicant