



LIBRARY MEMBERSHIP FORM

MICHAEL MADHUSUDAN MEMORIAL COLLEGE

KABI GURU SARANI, CITY CENTRE, DURGAPUR-713216

CENTRAL LIBRARY

FOR OFFICE USE ONLY
CARD NO.:
DATE OF ENROLMENT:
DATE OF EXPIRE:

SESSION: 2021-2022
DATE OF ISSUE: 15/02/2022
WILL BE SUBMITTED
BEFORE 28/02/2022

PASTE YOUR RECENT PASSPORT SIZE COLOUR PHOTO HERE

CATEGORY	
GEN	BPL

COLLEGE APPLICATION NO.	
ROLL NO.	

STREAM				SUBJECT (HONS/PROG.)			
ARTS	SCIENCE	COMMERCE	PROFESSIONAL				

NAME (BLOCK LETTER):	
FATHER'S/HUSBAND'S NAME:	

GENDER		DATE OF BIRTH							
MALE	FEMALE	M	M	D	D	Y	Y	Y	Y

CONTACT DETAILS:	
MOB:	EMAIL:
ANOTHER CONTACT NUMBER:	

RESIDENTIAL ADDRESS(CURRENT)	
DISTRICT	
STATE	
PIN	
COUNTRY	

RESIDENTIAL ADDRESS(PARMANENT)	
DISTRICT	
STATE	
PIN	
COUNTRY	

DECLARATION: ALL THE ABOVE MENTIONED INFORMATION PROVIDED BY ME ARE TRUE FROM MY KNOWLEDGE AND BELIEF. ALSO I PROMISE TO ABIDE BY ALL THE RULES OF LIBRARY AND ACCEPT RESPONSIBILITIES FOR DUE RETURN OF BOOKS WHICH ARE ISSUED TO ME.
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DATE:

PLACE:

STUDENTS' SIGNATURE


 LIBRARIAN