



LIBRARY MEMBERSHIP FORM

MICHAEL MADHUSUDAN MEMORIAL COLLEGE

KABI GURU SARANI, CITY CENTRE, DURGAPUR-713216

CENTRAL LIBRARY

SESSION: 2022-2023

FOR OFFICE USE ONLY

CARD NO.:
DATE OF ENROLMENT:
DATE OF EXPIRE:

PASTE YOUR RECENT
PASSPORT SIZE
COLOUR PHOTO
HERE

CATEGORY		COLLEGE APPLICATION NO.	
GEN	BPL	REGISTRATION NO.	

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

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

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

CONTACT DETAILS:	
MOB:	EMAIL:
ANOTHER CONTACT NUMBER:	

RESIDENTIAL ADDRESS(CURRENT)	
DISTRICT	
STATE	
PIN	
COUNTRY	

RESIDENTIAL ADDRESS(PARMANENT)	
DISTRICT	
STATE	
PIN	
COUNTRY	

<p>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.</p>
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DATE:

PLACE:

STUDENTS' SIGNATURE

Shanna
LIBRARIAN